



U.S. Customs and Border Protection



Operations Plan for **PANDEMIC RESPONSE**

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U.S. CUSTOMS AND BORDER PROTECTION OPERATIONS PLAN FOR PANDEMIC RESPONSE

ORIGINATING OFFICE: CBP

DATE: SEPTEMBER 2007

SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

Public health officials and organizations around the world are on high alert due to increasing concerns over the possibility of a pandemic influenza resulting from a mutated form of the H5N1 avian influenza virus. Many experts believe that a pandemic is inevitable. Several factors, including the potential of H5N1 to mutate into a form that can be transmitted human-to-human, the virulence of the virus, the limited supply of effective anti-viral medications, the absence of an effective vaccine, and the lag time necessary to produce an effective vaccine, have caused world-wide alarm. U.S. Department of Health and Human Services Secretary Mike Leavitt said the virus that causes bird flu "could become one of the most terrible threats to life that this world has ever faced."

This operations plan is intended to provide comprehensive guidance for U.S. Customs and Border Protection (CBP) in the implementation of specific measures to protect the nation as they correlate to the five threat phases for Pandemic Influenza. Additionally, this plan is intended to be applicable to other types of pandemic threats as required.

GOALS

The goals of the Federal Government in the event of a pandemic per the *National Strategy for Pandemic Influenza* are to:

1. Stop, slow, or otherwise limit the spread of a pandemic to the United States;
2. Limit the domestic spread of a pandemic, and mitigate disease, suffering, and death; and
3. Sustain infrastructure and mitigate the impact to the economy and functioning of society.

The phases of implementation and planning support associated with the *CBP Operations Plan for Pandemic Response* are in alignment with the three pillars of the *National Strategy*.

1. Preparedness and communication;
2. Surveillance and detection; and
3. Response and containment.

The *Strategy* does not describe operational details of how departments will accomplish these objectives. The *CBP Plan* provides these details, and will address additional considerations that will be raised during a pandemic, including:

1. Protection of employees;
2. Maintenance of essential functions and services; and
3. The manner in which departments will communicate about pandemic planning and response to stakeholders.

SITUATION

CBP is the first line of our nation's defense against a pandemic, both overseas and along our borders. It is likely that CBP personnel and their enforcement partners will encounter American citizens, foreign

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nationals, animals, animal products, and contaminated products from areas affected by pandemic influenza.

According to the Centers for Disease Control and Prevention (CDC), in the absence of any border or travel restrictions, it is estimated that a global (H5N1) pandemic would develop worldwide within one month of the emergence of human-to-human transmission anywhere in the world. In response to this threat, CBP must be prepared to maintain essential services, to include:

- Continuing to secure our nation's borders;
- Preventing the entry of terrorists and terrorist weapons;
- Slowing the spread and mitigating the consequences of a pandemic;
- Protecting our workforce and the public; and
- Facilitating our nation's trade.

This operations plan makes the following assumptions:

- A severe pandemic influenza outbreak may occur in the United States;
- Early detection and proper containment and screening methods can slow the spread into the United States; and
- The pandemic will likely come in waves and can occur at any time of year.

There are estimates that a pandemic of avian type flu may result in up to 734,000 hospitalizations and 207,000 deaths in the United States. Due to the incubation characteristics of the H5N1 pathogen and its ability to infect before the onset of symptoms, it is very likely, if not inevitable that CBP personnel, vehicles, and facilities will be exposed to and/or contaminated with these pathogens before the presence of the illness is detected. CBP could experience a substantial reduction of personnel due to illness (approximately 30% to 50%), potentially having a substantial impact on sustaining continuity of CBP operations. CBP will still be expected to perform its essential services and functions under these circumstances. Therefore, adequate measures must be implemented to limit personnel exposure to infected individuals and potentially contaminated surfaces.

Illegal entries between ports of entry (POE) will continue and very likely increase upon the closure or restriction of agency operations at POEs. Once a pandemic begins to spread, significant numbers of infected travelers at and between the POEs may be searched, detained, transported, and housed by CBP pending removal or transfer into the custody of medical authorities, impacting CBP's ability to perform its mission. A pandemic may also trigger a mass migration into the United States along the land borders in search of access to U.S. medical care and public health programs. Economic devastation in countries that are hard hit by the pandemic is another factor likely to influence migration patterns. Pandemic influenza is expected to cause massive disruptions in travel and commerce, and may challenge the essential stability of governments and society. In spite of this, CBP must continue to carry out its priority mission to prevent the entry of terrorists and their weapons, regardless of the circumstances. To accomplish this, CBP will need to protect its workforce and maintain its ability to rapidly re-deploy its resources.

The availability of detention and isolation facilities and other support functions in the event of a pandemic threat is critical, and will directly impact CBP operations. Should Canada or Mexico refuse voluntary return of its citizens, CBP facilities would be overwhelmed.

ASSUMPTIONS

- Susceptibility to the pandemic influenza virus will be universal;
- Sustained efficient human-to-human transmission will signal an imminent pandemic;
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic;

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- The number of estimated hospitalizations and deaths vary widely with different phases. This plan is based on the more severe phases; and
- Rates of CBP employee absenteeism will depend on the severity of the pandemic;
 - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of an outbreak, with lower rates of absenteeism during the weeks before and after the peak;
 - Certain public health measures such as closing schools, quarantining contacts of infected individuals, and other measures are likely to increase rates of absenteeism;
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days;
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks;
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty;
- The sheer volume of traffic and the difficulty of detecting a flu-like illness will pose significant challenges in targeting, identifying, and interdicting ill travelers;
- Border security measures will delay the spread of the pandemic, but will not stop it;
- Risk of pandemic influenza transmission by cargo or trade goods is low, but the effects on trade will be severe if a full border closure is implemented;
- CBP will play a major role in the interdiction of both commercial (smuggled) goods and of infected travelers;
- Interdiction actions may include increased screening, denial of entry, and departure of travelers and cargo;
- Increased cargo screening, for both vessel and air shipments, may include the imposition of country-based restrictions or item-specific embargoes;
- Priority status for inoculation will be conferred to front line personnel, because of key border security responsibilities and close personal contact with potentially infected travelers;
- Screening by foreign governments of outbound cargo and passengers cannot be readily verified;
- The World Health Organization (WHO), CDC, and commercial cargo and passenger carriers will attempt to provide pre-clearance of travelers, but will likely be quickly overwhelmed by the sheer volume;
- CDC will be quickly inundated by the arrival of even a few very large incoming flights requiring isolation and quarantine;
- CBP arrival screening will serve as an important continental containment measure;
- In calendar year 2006, no medical tests for viral antigens were available to officers at or between the ports of entry to aid in detection of the virus;
- In the event of a pandemic, the Department of State (DOS) will ensure that protocols are in place regarding the status of CBP employees stationed abroad;
- Immigration and Customs Enforcement/Detention and Removal Office (ICE/DRO) will transport and detain any infected travelers/apprehensions;
- Communications/network disruptions will impact CBP's internal and external communication capabilities via intranet, cellular, and hard phone lines;
- Restricting the movements of returning USCs and LPRs as part of mandatory quarantine orders may create legal challenges;
- Once the virus is established on the continent, workforce reductions will occur, affecting the ability to process both cargo and passengers and maintain operational control of the border at and between the ports of entry;
- Once the virus has crossed into North America, our land borders with Canada and Mexico may not serve as an effective barrier to the virus;
- Many Americans will die from the virus, spreading fear and panic among the population, including CBP employees;
- The southern border may experience particularly acute mass migration as people seek medical attention, placing additional strain on CBP resources and infrastructure; and

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- Smugglers and terrorists will seize this opportunity to further their own interests. This includes the potential for bio-terrorist use of Highly Pathogenic Avian Influenza (HPAI).

MISSION

We are the guardians of our nation's borders. We are America's frontline.
 We safeguard the American homeland at and beyond our borders.
 We protect the American public against terrorists and the instruments of terror.
 We steadfastly enforce the laws of the United States while fostering our nation's economic security through lawful international trade and travel.
 We serve the American public with vigilance, integrity, and professionalism.

CBP will protect the nation by sustaining the ability to perform the CBP mission and to support partner agencies and industries in the awareness, prevention, protection, response to, and recovery from a national influenza pandemic.

While CBP cannot prevent the global spread of pandemic influenza, CBP can help minimize the risk to travelers and possibly delay the spread into the United States or mitigate the severity of outbreaks, or both. CBP in conjunction with partner agencies will implement layered, risk-based measures, including, but not limited to: pre-departure, en route and arrival screening, and isolation and quarantine of symptomatic travelers. Additionally, U.S. Government efforts must be undertaken collaboratively with other nations to extend our border outwards.

OBJECTIVES

- Ensure public safety and national security;
- Protect the health and safety of CBP personnel;
- Stop, slow, or otherwise limit the spread of a pandemic into and/or out of the United States;
- Prevent the use of HPAI (H5N1) from being used as an Ag/Bio-terrorism agent against the United States;
- Remain vigilant to the possibility of terrorists using the crisis surrounding a pandemic to smuggle themselves and their weapons into the United States;
- Protect and restore critical CBP infrastructure and key resources;
- Work with federal, state, and local government partners and the private sector to coordinate interoperable response capabilities;
- Work with foreign governments to coordinate our actions and to extend the zone of security;
- Increase awareness through education and information dissemination; and
- Leverage technology and information/intelligence to target and prioritize operational efforts.

EXECUTION

There are five phases or threat levels associated with the pandemic threat. Therefore, the level of response and preparedness will vary according to each phase as defined below. The execution of this mission is designed within this template and with specific actions (steps) to be carried out by each office within a phase context. These action steps or standard operating procedures (SOP) are included as annexes to this document for each pertinent CBP office, and can be updated as necessary.

Each relevant CBP office shall develop an SOP in accordance with the CBP Pandemic Operations Plan. The SOPs will incorporate preplanned response sets addressing each Threat Phase as described below, which will facilitate a rapid, coordinated, and tailored response. Tasks within the Threat Phases may overlap due to multiple threats occurring concurrently.

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Changes to the threat conditions and the implementation of protective measures will be made through the Office of the Commissioner in consultation with the Assistant Commissioner (AC) of the Office of Field Operations (OFO), Chief, Office of Border Patrol (OBP), the Director, Office of Intelligence and Operations Coordination, and other relevant offices within CBP. When necessary, offices will coordinate the appropriate set of action steps with other agencies.

PLANNING PHASES

Preparedness Activities – CBP will develop and maintain a high level of preparedness and communicate with federal, state, and local agencies to prevent, respond to, and mitigate the crisis and consequences of any threat to the United States.

Phase I – Outbreak in Animals within North America Significant outbreak in an animal population as determined by Centers for Disease Control and Prevention (CDC) and/or U.S. Department of Agriculture (USDA).

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Phase III – Sustained Human-to-Human Transmission within North America

Phase IV – First Wave, Global or North America Pandemic

Phase V – Follow-on Waves, Global and North America Pandemic

Preparedness Activities

CBP Sectors and Field Offices will establish SOPs in compliance with the CBP National Pandemic Operational Order. CBP will ensure compliance with the National Pandemic Plan through audit and established performance measures.

Chief Patrol Agents (CPAs) and Directors of Field Operations (DFOs) are to ensure that Occupant Emergency Plans (OEP) and Continuity of Operations Plans (COOP) are current and accessible. They will coordinate with other CBP offices, DHS agencies and other federal, state, local, and tribal law enforcement agencies. Points of contact with emergency agencies must be established, communicated, and periodically checked for accuracy.

Each CBP office shall be responsible for taking all appropriate proactive steps available to reduce vulnerability of personnel and facilities within each specific jurisdiction, and increase their ability to respond effectively to a pandemic threat. To provide management with situational awareness of the health of their workforce, CBP offices will develop, test, and obtain baseline data for sick call surveillance.

To support various pandemic phases, all CBP sites and facilities will develop, review, and prepare to implement procedures for the arrival and deployment of additional personnel to support operations.

CBP will maintain a steady state of constant vigilance to potential and growing threats, to include pandemic influenza and other diseases requiring quarantine. CBP will promote the collection, analysis, and dissemination of information both to protect the CBP workforce and to respond effectively. A vital aspect of this effort will be training of all personnel. CBP will monitor domestic and international intelligence information to provide continuous situational awareness of national threats. This information is critical throughout all phases of a pandemic crisis and consequence management.

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ACTION STEPS FOR IMMEDIATE IMPLEMENTATION

- *Coordination* – The Commissioner’s Situation Room will be the central repository for collecting and disseminating all pandemic related incidents from the field and reporting operational responses.
- *Protection of CBP’s Workforce* – CBP personnel must be protected from deadly viruses that may be present in cargo or individuals entering the United States. Headquarters will pursue funding to provide vaccines, anti-viral courses of treatment, and personal protective equipment (PPE). Requirements for CBP personnel overseas will be coordinated with the Department of State (DOS).
- *Technology* – CBP will identify and deploy technology that will assist in identification, isolation, and quarantine of travelers and cargo harboring pandemic flu virus. Rapid deployment of detection technology is highly critical to quickly and accurately identify an influenza strain in humans, birds, and other animals entering the United States that has the potential to contribute to a pandemic or increase the transmission of disease. CBP has included funding for rapid detection equipment, polymerase chain reaction analysis, and negative pressure rooms.
- *Communications* – Sectors and Field Offices, in coordination with the OIT/Tactical Communications Office, will establish and deploy emergency communications capability, both internal and external, using current available technology.
- *Container Security Initiative Division* – The Container Security Initiative Division (CSID) will follow the Department of State protocols in place regarding all personnel abroad in the event of a pandemic.
- *Detention, Isolation, and Surge Capacity* – CBP Directors of Field Operations and Chief Patrol Agents will jointly inventory their detention and isolation facilities, and identify other areas that may be utilized for these purposes, e.g., “tent cities” with portable latrines.
- *Fleet Management* – CBP employees will encounter potentially infected aliens at and between land border ports of entry, international airports, and seaport locations. To safely transport aliens who are considered to be at a high risk of infection, CBP will inventory vehicles equipped to ventilate the operator separate from the alien. DFOs and Sectors will inventory and dedicate these vehicles to transporting sick travelers to holding facilities. Appropriate health, safety, sanitation, and decontamination procedures will be followed. CBP will also research the viability of retrofitting buses and other large transport vehicles for safe and effective transport of individuals designated for isolation or quarantine, or both.
- *Medical Segregation* – Due to the distance from CDC Quarantine Stations, some locations will require areas designated for medical segregation to safely detain travelers potentially infected with the pandemic flu virus, thereby, helping prevent the spread of the virus to other detainees, travelers, and CBP employees. All persons entering the United States from a location of human infection of pandemic disease will be processed through all appropriate Customs and Border Protection protocols. This includes the use of personal protection equipment (PPE) and disinfection of potentially infected areas after processing potentially infected travelers. The Centers for Disease Control and Prevention will be notified of all passengers with the potential for infection at the earliest possible time to initiate CDC response. CDC or its agent/ representative (state or local public health officials) is responsible for performing public health assessments of ill travelers identified by CBP and for ensuring public health assessments where travelers have been detained pending public health clearance.
- *Minimum Staffing Requirements* – CBP will determine minimum staffing requirements under various conditions necessary to maintain operational control of the nation’s borders. Potential phases should include mass migration due to catastrophic disease, famine, and civil unrest in border and nearby countries.

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- *Critical Operations and Essential Personnel* – Identification of high-risk and low-risk commerce utilizes current trade restrictions developed in coordination with USDA, due to the present zoonotic nature of the disease. These restrictions will evolve as human borne disease indicators and screening protocols are clarified. The *CBP Plan* establishes a risk-based approach to stop, slow, or otherwise mitigate the spread of pandemic disease into the United States. Field Offices and Sectors should use the following list of critical operations to identify the personnel essential to the completion of those operations:
 - Target high-risk travelers and commerce at U.S. ports of entry (land, air, and sea), pre-clearance facilities, and Container Security Initiative (CSI) locations;
 - Facilitate the entry of legitimate trade into the country to protect the commerce and agriculture of the United States before, during, and after a pandemic;
 - Scrutinize inbound processing and/or immigration procedures and/or outbound passenger processing based on the nature of event;
 - Facilitate the collection of revenue and associated functions related to the commerce of the United States;
 - Coordinate emergency procedures with all CBP offices, Department of Homeland Security (DHS) component agencies, as well as other local, state, federal, and tribal stakeholders;
 - Provide continuous situational awareness to and consultation with the Commissioner;
 - Maintain communications with Directors and Field Operations to ensure effective leadership and guidance and to ensure clear guidelines to those federal employees under the authority of CBP outside Washington, D.C., to include overseas locations; and
 - Provide HQ management with next-step guidance based on the nature of the event.
- *Specialty Skills Personnel* – All personnel with special skill sets, qualifications, licenses, or certifications will be listed for immediate reference in Border Patrol Enforcement Tracking System (BPETS) and any other administrative databases. Examples of special skill sets, qualifications, licenses, or certifications include: emergency medical technician, registered nurse, medic (Military), volunteer firefighter, first responder, etc.
- *Personal Protection Equipment (PPE)* – DFOs and Sectors will inventory all PPE and decontamination supplies by location and per employee. PPE and decontamination supply requirements for pandemic influenza outbreak will be projected. Shortfalls and purchasing plans will be reported up through the chain-of-command.
- *Decontamination* – Decontamination of affected CBP facilities and infrastructure will be necessary to maintain operational control of our nation's border. CBP Health and Safety Division will develop decontamination guidelines in coordination with HHS and CDC.
- *Personnel Sustainment* – DFOs and Sectors will inventory MREs (meals ready to eat) and bottled water availability by location and per employee.
- *Training Material Development* – CBP Office of Training Development (OTD) will develop training materials in accordance with CBP policies and CDC/HHS/USDA/WHO safety advisories to educate and protect CBP personnel from potentially infected travelers and cargo entering the United States. *Flu Videos, Muster Modules, and Job Aids* on employee health and safety, traveler targeting and screening techniques, and handling potentially ill travelers/detainees will be developed and disseminated.
- *Training* – CBP personnel will complete the CBP online *Avian Influenza* course currently available through the virtual learning center.
- *Identification of High-Risk Animals/Persons* – CBP will make every effort to prevent potentially infected live animals, animal products or by-products, or persons from entering the United States. CBP Office of Intelligence and Operations Coordination (OIOC) will monitor and report on HPAI

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(H5N1) outbreaks worldwide. Information to be reported includes: localities, regions, countries, symptoms, modes of transmission, and demographics. This information will be disseminated to intelligence partners and field personnel in the form of intelligence bulletins.

- *Intelligence* – CBP, (OIOC) will:
 - Identify and disseminate all smuggling operations involving people and/or animal products from countries with H5N1 outbreaks;
 - Monitor terrorist groups for possible attempts to cause an intentional pandemic and/or H5N1 outbreak;
 - Coordinate passive and active surveillance with other intelligence partners and will provide the most accurate information to facilitate decision support for resource allocation and pre-positioning;
 - Monitor the migratory bird pathway due to the flyway overlap in Alaska and Northeast Canada of potentially H5N1 infected birds (i.e., any behavior patterns that may threaten the public or poultry industry). The European, Asian, and African migratory overlap will also be identified and monitored as a part of identifying threat development and containment. This should be coordinated with partner agencies, both federal and state, such as the Department of Interior, the Department of Fish and Wildlife, and USDA;
 - Provide bi-weekly pandemic influenza briefing to the Commissioner and senior CBP personnel, and as needed or required in light of new intelligence developments; and
 - Coordinate management efforts in the event of an outbreak as well as the implementation of the HQ COOP. OIOC will also coordinate all of CBP's multi-office operational response through the Commissioner's Situation Room.
- *Liaison* – CBP will develop, assess, and exercise joint SOPs and other pertinent support agreements in conjunction with other CBP offices and external agency partners. These partners include international, federal, state, and local agencies as appropriate.
- *Office of International Affairs and Trade Relations (INATR)* – Maintain communication and coordination with the foreign officials (as appropriate) through the Mexican and Canadian Liaison Units to exchange and to support cross-border enforcement operations. INATR will maintain a current point of contact list for foreign military and law enforcement officials and American Consular Officers for use at all subsequent threat phases.
- *Public Affairs* – CBP, Office of Public Affairs (OPA) will develop a crisis/risk communications plan for use in all subsequent threat conditions that responds to news media and public inquiries with consistent, credible, and comprehensive messages on activities related to increased border security measures and control; OPA will prepare announcements for all CBP sites and facilities articulating the CBP response to the various threat levels. OPA will preplan the deployment to CBP areas of responsibility most affected and/or receiving the greatest national coverage.
- *Tabletop Exercises* – To simulate a pandemic flu event identifying existing strengths as well as weaknesses, tabletop exercises will be conducted integrating all CBP components at all levels, using likely scenarios based on the best current information.

Phase I – Outbreak in Animals within North America

Continue all actions identified in the Steady State.

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- Each CBP office will ensure that operational control of the border is maintained and that existing policies and procedures governing anti-terrorism, border operations, and training initiatives continue as normal with security-related procedures integrated into all operations. Continuity of operations throughout the life span of crisis and consequence management of pandemic influenza will be considered a core function and necessary for national security.
- Exports will be controlled through existing USDA and international protocols for the exportation of animals and animal products.
- Foreign government partners will be contacted as a part of ongoing intelligence collection, sharing, and dissemination efforts.
- Sectors and Field Offices will coordinate with local, state, tribal, and federal law enforcement (LE), HHS, and other partner agencies as needed and per the Memorandum of Understanding Between the Department of Health and Human Services and the Department of Homeland Security (HHS-DHS MOU).
- Joint agency anti-smuggling operations will be expanded to include export smuggling of birds and avian products.
- CBP will designate isolation areas within every Sector and Field Office.
- CBP will prepare and plan for the number of persons in those designated isolation areas within Sectors and Field Offices to be greater than capacity.
- CBP, Agriculture Inspection personnel, will take the lead in the implementation of animal and animal product handling and seizure guidelines. CBP will implement isolation procedures for high-risk animals. Refer to H5N1 hazard annex.
- Institute the mandatory use of PPE required around animals or in agricultural environments.
- Provide passenger and cargo information to the HHS as necessary.

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Continue all pertinent actions identified in previous phases.

- CBP will apply a measured response based on intelligence of a high-risk human and/or animal H5N1 threat attempting to gain entry into the United States within a Field Office and/or Sector's AOR, based upon guidelines in the appendices.
- CBP will support HHS/CDC in enforcement of Title 42 and Executive Order 13295 by performing such activities as passively or actively observing travelers as well as detainees for influenza symptoms. Due to the limited duration in processing, all Canadian and Mexican nationals who are granted a voluntary return to Canada or Mexico will be considered to have been screened prior to exiting the United States.
- As necessary and practicable to operational demands, CBP will assist CDC quarantine officers and their designees.
- Directors of Field Offices (DFO), Chief Patrol Agents (CPA), and Port Directors will coordinate with CDC and ICE/DRO to develop local Standard Operating Procedures (SOP) for transportation of infectious travelers and detainees to medical facilities. CBP may be requested to assist the CDC in

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the transport of ill travelers and detainees in exigent circumstances. DFO, CPA, and Port Directors will respond to these requests on a case-by-case basis, taking into account the following:

- Number of available CBP personnel;
 - Current and anticipated workload at CBP facilities;
 - Availability of ICE/DRO officers;
 - Availability of local emergency response personnel;
 - Distance from CBP facility of medical facility; and
 - Degree of situational urgency.
- CBP may coordinate with other federal, state, local, and tribal law enforcement to solicit additional assistance in the enforcement of the quarantine order(s).
 - CBP HQ will issue daily situation reports through the Commissioner's Situation Room regarding the spread of the disease.
 - CBP will implement stringent health, safety, sanitation, and decontamination protocols.
 - CBP will adjust staffing configuration and suspend non-critical functions and operations if a sharp increase in absenteeism or redeployment of personnel to hot spots diminishes operational control.
 - CBP officers will assist CDC with passive and/or active surveillance for diseases that require quarantine by observing travelers for flu-like symptoms. This will include obtaining specific information from specific travelers in an effort to determine the general health status of the traveler.
 - A Situation Room report will be generated if CDC determines that a passenger entering the United States without inspection or illegal alien(s) who are apprehended should be detained for a disease requiring quarantine. All H5N1 intelligence data will be documented on a G-392 (Intelligence Report). In addition, any actionable intelligence will be documented via a significant incident report (SIR).
 - CBP will aid the CDC in their enforcement of quarantine rules and regulations, pursuant to operational guidelines. This includes emergency measures when a carrier or vessel is determined, after leaving foreign, to be transporting a passenger(s) and/or crewmember(s) with a serious communicable disease.
 - CBP will implement enhanced hygiene protocols, in addition to decontamination protocols for personnel, facilities, and resources. CBP will mandate use of PPE when processing arrests.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all pertinent actions identified in previous phases.

- In accordance with the National Response Plan (NRP) and Homeland Security Presidential Directive – 5 (HSPD-5), CBP will provide personnel and resources (not previously identified as the minimum necessary to maintain operational control of our nation's border) as requested to protect our nation.
- In the event of an outbreak of pandemic flu at a CBP location, all necessary actions will be taken to decontaminate the affected areas.
- CBP will institute a hygiene, sanitation, and routine decontamination practice in concordance with CDC and HHS guidelines to mitigate the extent of an outbreak by protecting personnel, detainees, and the public.

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- CBP will begin implementation of infection protocols for all persons who are isolated, detained, and/or transported.
- CBP will implement enhanced hygiene protocols, in addition to decontamination protocols for personnel, facilities, and resources. CBP will mandate use of PPE when processing aliens.
- Sectors/Field Offices will monitor and report rates of infection within the workforce.
- As necessary, CBP will adjust staffing through suspension of non-essential details, cancellation of leave, extended shifts, and implement an extended workweek; to recover from a pandemic induced reduction in workforce.
- CBP will implement existing rapid response plans to compensate for hot spots along border and/or divert to emergency support function (ESF) under the NRP. CBP will prepare to backfill for employees diverted to ESF under the NRP.
- CBP will monitor the depletion of resources (PPEs, MREs, water, on-hand medications, gas, etc.) to ensure response capabilities are maintained.

Phase IV – First Wave, Global or North America Pandemic

Continue all pertinent actions identified in previous phases.

- CBP will assess staffing requirements for ensuring operational control considering the following contingencies:
 - High employee absenteeism due to illness;
 - Deployment to high-risk, high-volume locations;
 - Deployment to alternate locations; and
 - Selective closures of ports and re-deployment of personnel to high-risk areas.
- CBP will closely monitor employee absenteeism and track flu-related illness and report to CDC.
- CBP will activate previously developed Staffing Recovery Plan when staffing shortages become critical.
- CBP will re-deploy staff to alternate work sites to increase social distancing.
- CBP will implement “telecommuting” for some employees when and where operationally feasible.
- To continue operations in the event of a widespread outbreak, CBP will use a combination of overtime, travel, and contractor support. Overtime cap waivers will be predetermined. Our estimates assume that 1/3 of the work force would be unavailable due to infection. Overtime for the remaining 2/3 employees will help sustain CBP operations. In addition, information and technology support will continue through the use of contractors.
- CBP will work with Human Resources Management (HRM) to institute expedited disciplinary protocols for unwarranted absenteeism.
- CBP will augment non-law enforcement positions with other federal employees and expedite certifications and qualifications.

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- CBP will request Department of Defense assistance in non-law enforcement roles unless DOD support for expanded functions is authorized.

Phase V – Follow-on Waves, Global and North America Pandemic

Continue all pertinent actions identified in previous phases.

Recovery

- CBP will conduct after-action reviews to analyze, review, and adjust policies, procedures, and actions accordingly.
- CBP will conduct acquisition of depleted PPE and other critical resources.
- CBP will continue to monitor open and closed source intelligence to modify existing plans based on design lessons learned.
- CBP will initiate Employee Assistance Program (EAP) debrief procedures.

COMMAND CONTROL COMMUNICATION

Chain of Command

The established chain of command will apply within CBP. All managers will be familiar with the communications protocols established by the NRP and the HHS–DHS MOU regarding serious communicable disease and those subject to quarantine. Managers will take appropriate measures to coordinate pertinent command and control issues per this memorandum and the guidelines provided.

It should be noted that pursuant to Homeland Security Presidential Directive (HSPD) – 5 Management of Domestic Incidents, the Secretary of Homeland Security is responsible for coordinating federal operations to prepare for, respond to, and recover from major disasters and other emergencies, and is the “Principal Federal Official” for domestic incident management in a pandemic. This does not diminish the role or responsibility of HHS to provide leadership or coordination of health and medical issues and is consistent with the NRP and National Incident Management System (NIMS).

In addition, CBP has established Field Offices and Sector points of contact regarding pandemic planning (see Annex 2), and these sources will be used to coordinate preparation and response to a threat of a pandemic. At the CBP Headquarters level, a Pandemic Influenza Task Force has been established and is under the direction of the Executive Director of Agriculture Programs and Trade Liaison (APTL). This task force is responsible for planning the CBP response within the agency.

In the event of influenza pandemic, the Office of Intelligence and Operations Coordination (OIOC) will;

- Coordinate all of CBP’s multi-office operational response through the Commissioner’s Situation Room;
- Be the POC for communications requests for information from the Homeland Security Operations Center (HSOC), Inter-Agency Management Group (IIMG), National Response Command Center (NRCC), and other federal agencies.

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In the event of **Phase II, Sustained Human-to-Human Transmission Outbreak Outside North America**, Sectors and Field Offices will establish and operate 24/7 Command Centers that will maintain open communication links with CBPHQ and other entities, to include HHS and local public health agencies, to ensure all affected parties receive accurate and timely information.

Unit Command

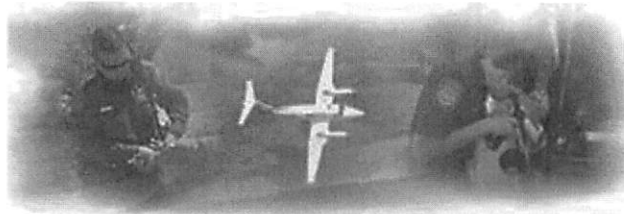
The established chain of command at each Sector and Field Office will be adhered to as designated by the Chief Patrol Agent and Director, Field Operations.

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U.S. Customs and Border Protection

Office of Intelligence and Operations Coordination



Operations Plan for

PANDEMIC RESPONSE

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ANNEX I**OFFICE OF INTELLIGENCE AND OPERATIONS COORDINATION (OIOC)
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

ORIGINATING OFFICE: OIOC**DATE:** SEPTEMBER 2007**SUBJECT:** OPERATIONS PLAN FOR PANDEMIC RESPONSE**PURPOSE**

This Operations Plan is intended to provide planning guidance for U.S. Customs and Border Protection (CBP), Office of Intelligence and Operations Coordination in the implementation of specific incident management measures in the event of or in preparation for Pandemic Influenza in order to facilitate the timely dissemination of intelligence information.

MISSION

The Office of Intelligence and Operations Coordination will serve a central role in preparing for and responding to a potential outbreak of Pandemic Influenza, continuing to serve as a principal advisor to the Commissioner and other senior officials by obtaining, analyzing, and disseminating intelligence in a timely fashion that is critical to CBP's primary mission of detecting, identifying and preventing terrorists and terrorist weapons from entering the United States. OIOC will directly and efficiently manage an integrated CBP intelligence capability that ensures front-line operators and senior leadership the value-added intelligence required to sustain border situational awareness, drive operations and support policy. Through membership on the Homeland Security Intelligence Council, it is OIOC's responsibility to represent CBP's intelligence requirements and equities to the DHS Chief Intelligence Officer/Assistant Secretary for Intelligence and Analysis and assist him in directing an integrated DHS intelligence enterprise that provides a unified Departmental position to the National Intelligence Community.

In addition, OIOC, in conjunction with CBP's operational offices, will coordinate and conduct incident management planning and preparedness activities for the agency. OIOC will lead efforts to properly coordinate CBP incident management responses to Incidents of National Significance (IONS), Homeland Security Advisory System (HSAS) elevation, specific intelligence involving multiple offices, National Special Security Events, and national exercises. OIOC will also coordinate the appropriate CBP staffing for interagency incident management centers, including the National Operations Center (NOC), the Interagency Advisory Council, the FEMA National Resource Coordination Center, and other centers. For these efforts, OIOC will ensure that there is appropriate integration and balance between operational and mission support elements. Overall, OIOC will work with CBP's operational offices to provide information and situational awareness to the Commissioner and other senior officials through 24/7 management of the Commissioner's Situation Room.

During a pandemic influenza event, the various stages of which are described later, OIOC will continue on with its overall mission of supporting the Commissioner and senior CBP leadership by obtaining, analyzing, and disseminating critical intelligence; and carrying out operational coordination and incident management functions as appropriate under the National Response Framework (NRF), National Incident Management System (NIMS), and current CBP directives and protocols. Specifically, some actions and areas associated with those responsibilities include:

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- The Assistant Commissioner, OIOC, or designee, serves as CBP's incident management coordinator.
- OIOC will serve as the primary CBP office for coordination with DHS Intelligence and Analysis (I&A) and the intelligence community concerning CBP collection and analytical requirements associated with the pandemic.
- OIOC will also serve as the primary CBP office for receiving and coordinating all intelligence community reporting to provide situational awareness to the Commissioner, senior staff, and appropriate field elements.
- OIOC will coordinate with the Commissioner's Situation Room to provide intelligence research and analysis and ensure that specific incidents are reported to DHS I&A and the intelligence community, as appropriate, in the form of Homeland Security Intelligence Reports (HSIR), and Homeland Intelligence Reports (HIR).
- The Commissioner's Situation Room will be the central repository for collecting and disseminating all pandemic related incidents from the field and reporting operational responses.
- OIOC will report to, and coordinate for, the Commissioner and senior CBP leadership any increase/decrease in threat levels and corresponding agency-wide response activities.
- OIOC will coordinate the development and presentation of courses of action in conjunction with operational and mission support offices for decision by the Commissioner and Deputy Commissioner, and/or Assistant Commissioners and Directors.
- OIOC will coordinate the approval process for any redeployment of personnel and assets as recommended by internal decision-makers or requested by external entities.
- OIOC will also serve as the point of contact (POC) for information requests from the National Operations Center (NOC), Inter-Agency Advisory Council (IAC), National Response Coordination Center (NRCC), and other federal agencies, including the staffing of such centers as appropriate.

PLAN STRUCTURE

The Office of Intelligence and Operations Coordination (OIOC) has drafted its standard operational procedures (SOP) in accordance with guidance provided in the DHS Pandemic Influenza Contingency Plan. The plan identifies five phases for Pandemic Influenza.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

Each phase contains preparedness and response requirements. Actions contained within each scenario will overlap in many instances due to concurrent and multiple threats. This will facilitate a rapid, appropriate, coordinated, and tailored response. In general, the US agencies will monitor World Health Organization (WHO) guidance regarding the threat level, world-wide, of a pandemic influenza, and use this guidance in deciding what response is necessary regarding the six (6) phases of pandemic alert.

SITUATION

CBP is the first line of our nation's defense against a pandemic, both overseas and along our borders. In the case of any pandemic, it is likely that CBP personnel and their enforcement partners will encounter American citizens, foreign nationals, animals, animal products, and cross-contaminated products from areas with a high-risk of infection, requiring adoption of rarely-used, and both high-

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stress and high-tempo, protocols such as mandatory medical screening and quarantine. Additionally, workforce protection measures may need to be implemented on a scale that is unprecedented. Furthermore, CBP must continue to maintain effective border security enforcement to protect national security as well as minimize the spread of the pandemic. This operations plan focuses on responses to the H5N1 Avian Influenza virus but these protocols can be utilized as guiding principles in any pandemic or similar incident of national significance.

In the absence of any border or travel restrictions, the Centers for Disease Control and Prevention (CDC), has estimated a global (H5N1) pandemic within one month of the emergence of a strain that is efficiently transmitted from human-to-human anywhere in the world. CBP's role in the event of an outbreak, will be to stop or slow its introduction into the United States to the greatest extent possible and allow public health resources to mobilize effectively. Accordingly, OIOC must be prepared to support and enable this broad effort in the following ways:

- Maintain effective communication and coordination between CBP and other governmental stakeholders;
- Provide Situational Awareness for CBP decision makers;
- Coordinate CBP support to national response efforts in accordance with the NRP, NIMS, and the CBP Incident Management Directive;
- Facilitate effective communication and coordination between field components and HQ CBP via the Commissioner's Situation Room.

ASSUMPTIONS

This operations plan makes the following assumptions:

- Susceptibility to the pandemic influenza virus will be universal;
- Sustained efficient human-to-human transmission will signal an imminent pandemic;
- A severe pandemic flu outbreak may occur within the United States;
- Early detection can mitigate the spread of a pandemic;
- The pandemic will likely come in waves, with each pandemic wave lasting about 6 to 8 weeks;
- Multiple waves will occur;
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days;
- In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40%;
- Certain public health measures such as closing schools, quarantining contacts of infected individuals, and other measures are likely to increase rates of absenteeism;
- A pandemic may trigger a mass migration into or out of the United States along the land borders; and
- Pandemic influenza is expected to create massive disruptions in travel and commerce, and may challenge the essential stability of governments and society.

Other Considerations

Additionally, during a pandemic, OIOC will likely experience a significant loss of personnel due to illness, caring for sick family members, or fear of infection. To ensure continuity of operations for the office, OIOC will need to protect its workforce and maintain the ability to communicate and coordinate effectively.

Additionally, contamination within CBP Headquarters will most likely warrant activation of the Occupant Emergency Plan (OEP), which may trigger a COOP activation and relocation of OIOC staff to COOP alternate facilities and may also have an impact on the ability to sustain continuity of operations for an extended period of time.

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EXECUTION

Incident Management and Operational Coordination

Incident Management and Operational Coordination will be handled in accordance with the CBP Incident Management Coordination Directive.

Under this directive, OIOC will continuously manage the CBP incident management task force to plan and prepare for potential incidents and events of concern, developing, testing, and strengthening management and response protocols. When a contingency or incident of national significance arises, OIOC has primary responsibility for calling together the Incident Management Team (IMT). As described in Section II – Mission, OIOC will initiate CBP incident management coordination responses to events – such as (1) IONS; (2) HSAS elevation; (3) specific intelligence involving multiple offices; (4) NSSEs; (5) national exercises – by presenting the need for such activation to the Commissioner and operational Assistant Commissioners via memo, briefing at daily Intel/Ops, or ad hoc briefing as required by time constraints.

Specifically, OIOC will stand up an Incident Management Team tailored in size and expertise to appropriately address the incident(s) at hand. In conjunction with operational and mission support offices, the IMT will then develop and present courses of action (COAs) for decision by the Commissioner and Deputy Commissioner, and/or Assistant Commissioners, and Directors. These COAs will be presented in a timely manner to the appropriate decision-makers through draft operations plans, memoranda, or oral briefings, as appropriate to the incident and timing restrictions related to that incident. Because of the unique factors that will surround an outbreak of Pandemic Influenza, such an IMT will take into consideration the potential long-term duration of such an incident, as well as the wave nature of this specific threat.

OIOC will ensure that Incident Management Response Activities will be conducted through the following process, consistent with NRF/NIMS but scalable to the precipitating event:

- Phase I – Initial Response
- Phase II – Detailed Assessment
- Phase III – COA Development
- Phase IV – Detailed Planning
- Phase V – Execution
- Phase VI – Evaluation

OIOC will coordinate the approval process for redeployment of personnel and assets recommended by internal stakeholders or requested by external entities in response to the outbreak of a pandemic influenza, or other incident of national significance.

OIOC will additionally coordinate with operational and mission support elements on the stand-up, redeployment, or stand-down of any headquarters-level Incident Command Post (ICP), if it should prove relevant to a specific phase of a pandemic influenza outbreak. If the Commissioner should require and authorize the establishment of a field-level ICP, OIOC will ensure the adequate deployment of staffing, equipment, aircraft, vehicles, and mission support as necessary.

When the Commissioner decides to activate all or part of the procedures related to responding to a pandemic influenza, or any incident management response effort, OIOC will immediately notify all affected CBP offices through the Commissioner's Situation Room.

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Maintaining Situational Awareness

The CBP Situation Room, under the purview of OIOC, is the main repository for collection and dissemination of reports from the field concerning potential high-risk threats or incidents, whether involving pandemic influenza or not. OIOC will identify potential incidents that may indicate a higher risk or potential introduction of the disease into the U.S. or abroad and prepare SPOT reports as necessary for the Commissioner, appropriate CBP leadership, and the National Operations Center (NOC).

OIOC, through the Situation Room, will maintain full, 24/7 information coordination and reporting coverage adequate to respond to a pandemic outbreak (or any contingency activating the Incident Management Team) through consistent coordination with the operational offices, and the mission support offices. Additionally, OIOC will communicate the nature of, extent of, and, as appropriate, templates for reporting information to the Situation Room. The Situation Room, through the Senior Watch Officers, will also coordinate with the appropriate operational field entities to gather appropriate information.

Changes to the threat conditions and the implementation of Protective Measures as well as the Incident Management Coordination Directive will be made through the Office of the Commissioner – Office of Intelligence and Operations Coordination, in consultation with the Assistant Commissioner (AC) of the Office of Field Operations (OFO), the Chief, Office of Border Patrol (OBP), and other relevant offices within CBP. Based on the nature, phase, and severity of a pandemic influenza, OIOC will provide both scheduled and unscheduled situational awareness briefings related to the management of the pandemic (or any incident). These briefings will be produced and reported out at a depth and frequency to be determined by the Commissioner.

OIOC, through the Situation Room, will manage the daily reporting of incident management information to the Commissioner and senior CBP leadership, as well as DHS/NOC and the interagency community, as appropriate and requested.

Staffing for Interagency Centers and Emergency Support Functions

When interagency centers are activated, OIOC will coordinate the deployment of named individuals, as documented on CBP's trained, vetted, and certified list.

Furthermore, OIOC will have primary responsibility over the coordination of CBP protocols related to the vetting and approval of staffing requests for services or resources in response to Emergency Support Function requests under the NRF.

PREPAREDNESS ACTIVITIES

In general, CBP will develop and maintain a high level of preparedness. In addition, CBP will coordinate and communicate with Federal, state, and local agencies to maintain situational awareness of the crisis and any consequences of that threat to the United States. All efforts will be aimed at mitigating the introduction or advancement of the pandemic and its effect, to the maximum extent possible. OIOC, with primary responsibility for maintaining CBP contact with the Department and interagency community, will continue to strengthen lines of communication and information sharing, ensuring appropriate points of contact are identified. OIOC will be the primary office for reporting as related to or required by the implementation of the NRP.

In a steady state of operations, wherein no pandemic outbreaks have been reported either in sustained human-to-human transmissions, or in North American animals, the CBP OIOC will perform the following functions:

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- Participate in DHS intelligence pandemic planning sessions.
- Attend CBP pandemic planning working group meetings.
- Attend senior-level pandemic planning meetings.
- Research, monitor, and analyze developments associated with pandemic threats from intelligence sources, media channels, and the academic/medical community.
- Report significant developments, trends, and patterns via special assessment reports, intelligence alerts, and intelligence bulletins disseminated through TECS, Intelligence Reporting System (IRS), the DHS Intelligence Fusion Center, and the internal CBP pandemic planning group.
- Develop and publish a monthly pandemic update report that highlights recent developments, and provides context and analysis of the potential impact of these developments on CBP operations.
- Provide updates on new and relevant information to CBP executive leadership and the pandemic planning working group.
- Review and monitor CBP strategic plans for possible value added intelligence assessments.
- Assist in building practical exercises related to pandemic planning.
- Support and attend pandemic exercises.
- Develop and coordinate Requests For Information (RFI) to the intelligence community.
- Monitor pandemic information for CBP assets located overseas.
- Monitor and disseminate information related to potential agro/bioterrorism interest in the influenza virus.
- Serve as the CBP focal point for coordination on pandemic information with the U.S intelligence community.
- Establish pandemic planning related contacts within the intelligence community and other relevant Federal agencies.
- Monitor reporting for the identification of new, at-risk animal species for non-pandemic H5N1
- Monitor reporting on the actions of foreign governments as they relate to H5N1.
- Gather, research, and analyze information related to individuals and groups involved with bird smuggling.
- Monitor reporting on North American bird flyways for evidence of pandemic threat.
- Research and report intelligence information concerning U.S imports that could pose a threat related to H5N1.
- Ensure the proper training and necessary tools, including personal protective equipment (PPE), are available to ensure that all OIOC employees are prepared to meet the challenges of a potential pandemic influenza.
- Continue to refine and implement necessary protocols and procedures related to CBP Continuity of Operations (COOP) efforts, generally and with specific consideration of a breakout of pandemic influenza.
- Develop, exercise, and coordinate incident management efforts (as detailed in the Execution breakdown above) in the event of an outbreak as well as the testing and implementation of the HQ COOP.
- Ensure that all necessary steps related to the Incident Management Coordination Directive are taken to develop and manage the coordination of all of CBP's multi-office operational responses to this incident through the Commissioner's Situation Room.

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PLANNING PHASES

Phase I – Outbreak in Animals within North America

Continue all actions identified in the Execution and Preparedness Activities.

A significant outbreak in an animal population will be reviewed and determined by the Center for Disease Control (CDC) and the US Department of Agriculture (USDA). OIOC will:

- Provide situational briefings to CBP senior staff.
- Develop and publish a weekly pandemic intelligence update report that highlights recent developments, and provides context and analysis of the potential impact of these developments on CBP operations.
- Monitor information concerning newly emergent animal threats
- Monitor and disseminate information concerning general spread and progress of virus in neighboring countries.
- Monitor and disseminate information concerning cross-border viral hot zones located close to CBP assets.
- Monitor and disseminate information concerning actions related to viral outbreak by Mexican and Canadian governments.
- Provide intelligence reporting to support targeting of high-risk cargo shipments entering the United States from Mexico and Canada.
- Coordinate with Mexican and Canadian counterparts for intelligence specific information sharing purposes.
- Monitor information concerning potential agro-terrorism interest in North American outbreak.
- Coordinate with partners in the intelligence community.

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Continue all pertinent actions identified in previous phases, including:

The Secretary of DHS has discretion in calling together the DHS Crisis Action Team (CAT), formerly the Interagency Incident Management Group (IIMG), in response to a significant event. OIOC will represent CBP at the CAT, deploying appropriate personnel to provide adequate coverage and coordinate CBP responses and requests for the CAT interagency representatives.

With the initiation of the DHS CAT, and at the discretion of the Executive Director, OIOC will subsequently staff the Commissioner's Situation Room for appropriately ramped-up 24/7 operations. In response to these increased efforts, OIOC will develop a specific policy that can be provided to other offices, explaining the type of increases in support that are needed in the event of a pandemic, or other significant incidents. This will identify the staffing needs from operational offices and streamline the selection of appropriate personnel.

Furthermore, as mentioned generally in the Execution section, OIOC will provide daily situation reports, tailored as appropriate, for ALL pandemic flu events. The Commissioner's Situation Room will be the central repository for collecting and disseminating all pandemic related incidents from the field and reporting operational responses. The pandemic influenza reporting requirements include:

1. Status of Employees (as appropriate/available)
 - a. # of CBP employees absent (compared w/normal)
 - b. # of CBP employees vaccinated out of #
 - c. # of CBP employees possessing proper PPE out of #
 - d. # of CBP employees that have contracted pandemic flu out of #

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2. Status of Facilities (as appropriate/available)
 - a. # of Operational Facilities out of #
 - b. # of facilities vandalized/damaged out of #
3. Status of Operations (as appropriate/available)
 - a. Volume of passengers (compared w/normal)
 - b. Volume of cargo (compared w/normal)
 - c. Wait times (% increase/decrease from average)
 - d. # Infected birds intercepted as applicable
 - e. # Arriving foreigners/aliens identified w/pandemic flu
 - f. # Arriving U.S. Citizens identified w/pandemic flu
 - g. # People in quarantine in CBP facilities
 - h. Sustainability of operations
 - i. Significant Incident Reports as normal
 - j. # of apprehensions between POEs (compared to normal)
4. Support CBP can provide (as appropriate/available)
 - a. # of personnel
 - b. # of equipment
5. Support CBP requires (as appropriate/available)
 - a. Nature (from who)
 - b. Extent
 - c. Numbers
6. Status of CBP HQ/Leadership

Phase III – Sustained Human-to-Human Transmission within North America

Continue all pertinent actions identified in previous phases, including:

OIOC, as delegated by the CBP Commissioner, may initiate all or portions of CBP's Continuity of Operations (COOP) Plan. OIOC would serve as the primary Incident Management Coordinator (IMC), ensuring that in the event of a COOP activation, the appropriate personnel are properly deployed to COOP alternate work sites, pre-deployment capabilities are confirmed prior to arrival of CBP leadership, and shift changes and outside coordination efforts are properly conducted through OIOC as a single point of contact.

As stated in CBP's COOP Plan, policies and procedures will be initiated to ensure the continuation of essential CBP functions and effective incident management in the event that the Headquarters' staff must relocate from the Ronald Reagan Building (RRB) during any of the stated phases/scenarios related to potential or actual pandemic influenza.

Under the CBP COOP Plan, CBP Headquarters will respond to and recover from an activating contingency (in this case, a credible threat of or full outbreak of pandemic influenza) in order to deliver operational instructions to field elements to ensure continued national direction for the agency. COOP activation will ensure effective incident management – as laid out in the Incident Management Coordination Directive – through the maintenance of seamless command and control of CBP operations from remote locations.

For further details on policies and procedures related to this effort, please refer to the CBP COOP Plan and referenced Annex J for the Pandemic Influenza COOP Development Strategy.

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Phase IV – First Wave, Global or North America Pandemic

Continue all pertinent actions identified in previous phases.

Phase V – Follow-on Waves, Global and North America Pandemic

Continue all pertinent actions identified in previous phases.

CHAIN OF COMMAND

OIOC-Specific Leadership

Assistant Commissioner
Deputy Assistant Commissioner
Executive Director, Incident Management and Operations Coordination

Further office succession is laid out in the Office of Intelligence and Operations Coordination COOP Implementation Plan, which will be initiated as appropriate and described above.

In the event of influenza pandemic, the Intelligence and Operations Coordination (OIOC) leadership will:

- Coordinate all of CBP's multi-office operational response through the Commissioner's Situation Room and utilizing the Incident Management Coordination plan;
- Be the POC for communications requests for information from the National Operations Center (NOC), Inter-Agency Advisory Council (IAC), National Response Command Center (NRCC), and other federal agencies.

Specifically, OIOC will coordinate with the CBP operational offices and partner agencies, to include HHS/CDC, to ensure that layered, risk-based measures, including, but not limited to the screening, isolation and quarantine of symptomatic persons encountered at and between ports of entries.

Office Management Plan

In general, essential functions and responsibilities of the office will be maintained as practicable, under the discretion of the Assistant Commissioner.

REQUIREMENTS / INDICATORS / WARNINGS FOR A FOREIGN PANDEMIC EVENT

Official/Non-Official Government Actions:

- Vaccine Stockpiling
- Massive quarantine operations (possibly clandestine)
- Declarations of martial law
- Military movement/redeployment in country
- Cancellations of civic activities (sporting events, school closures, public ceremony cancellations etc.)
- Bank closings accompanied by possible cash shortages
- Suspension of municipal services such a garbage collection
- Decreased mail flow from an affected region
- Disruption of water, electricity, and telephone services
- Emergency declarations
- Requests for massive international aid
- Deficit of information emanating from an outbreak area (attempts to cover-up a pandemic event)
- Wide-scale distribution of personal protective equipment such as gloves and masks

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- Massive public outreach campaigns
- Restriction of personal travel
- Suspension of public transportation systems
- Restrictions on international travel
- Media blackouts/government takeover of media infrastructure
- Mass migration
- Lack of food, water, and supplies

Public Health Actions:

- Reports of sustained and efficient human-to-human transmission
- Sudden onslaught of hospital patients
- Reports of hospital beds being filled
- Requests for international assistance
- Reallocation of medical resources (beds, doctors, equipment, etc.)
- Development of massive medical waste sites
- Reports of massive grave sites
- Reports of massive body burning operations
- Massive vaccination
- Mass scale preventative treatment
- Requests for help with laboratory pathology

Animal Health Actions:

- Massive animal cullings
- Culling of animals unrelated to a pandemic event
- Reallocation of veterinary resources
- Farm quarantines over a vast geographic region



U.S. Customs and Border Protection

Office of Field Operations



Operations Plan for

PANDEMIC RESPONSE

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ANNEX II**OFFICE OF FIELD OPERATIONS
OPERATIONS PLAN FOR PANDEMIC RESPONSE****ORIGINATING OFFICE: OFO****DATE: SEPTEMBER 2007****SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE**

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PURPOSE

This Operations Plan is intended to provide planning guidance for U.S. Customs and Border Protection, Office of Field Operations (OFO) in the implementation of specific measures to protect the nation as they correlate to the five threat Phases for Pandemic Influenza.

The purpose of this SOP is to define a basic field response plan to outbreaks of Avian Influenza overseas and in the United States. The plan is divided into five Phases reflecting the outbreaks' potential progression.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

SITUATION (see CBP Operations Plan)

ASSUMPTIONS (see CBP Operations Plan)

MISSION (see CBP Operations Plan)

EXECUTION

Preparedness Activities

During this phase Directors, Field Operations (DFOs) and Port directors will take action to mitigate the risk of introduction of the disease into the United States, and prepare for successive phases. The importance of preparedness and planning cannot be over emphasized. DFOs are to provide the direction and the necessary tools to ensure that all employees are prepared to innovate and meet the challenges and unanticipated circumstances as they arise.

Phase I – Outbreak in Animals within North America

CONTINGENCY PLANNING

Points of Contact

Operations (OPS-HQ) will continue to provide support and act as a point of contact with the Field Offices. Field Liaison will coordinate with Field Offices and provide follow-up information and reports as required by the Assistant Commissioner and Executive Staff. The Liaison Officer role will be to serve as the point of contact for assisting and coordinating activities between the HQ and the Field Offices.

In accordance with OFO reporting requirements, significant incidents regarding CBP employees, travelers, cargo, or conveyances as a result of the pandemic outbreak will be captured and reported to Executive OFO management.

OPS, in coordination with all OFO HQ and Field Office locations, will remain ready to develop strategies and deploy resources to the ports of entry in response to a pandemic threat. OFO Office components will design and OPS will distribute any necessary muster modules or other alerts to notify field officers of any significant changes in the threat.

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Directors, Field Operations (DFO) and port directors will identify, record, and contact a Point of Contact (POC) with the following: Centers for Disease Control and Prevention (CDC) local quarantine station, U.S. Coast Guard, Immigration and Customs Enforcement (ICE), United States Department of Agriculture (USDA) Veterinary Services (VS), USDA APHIS, Plant, Protection and Quarantine (PPQ), local law enforcement, U.S. Fish and Wildlife, the Transportation Security Administration (TSA), local military installations, port authorities and other appropriate federal, state, and local officials, and external stakeholders.

The Department of Homeland Security – Health and Human Services Memorandum of Understanding (DHS-HHS MOU) and operational guidelines describe the manner in which CBP front-line employees will assist the CDC in collecting and providing information, surveillance of travelers for health and medical risks, execution and enforcement of CDC issued quarantine and detention orders, and transportation of quarantined individuals. Additionally, the MOU states that CDC will provide training and guidance to perform specific duties and protect against disease spread, and that the CDC will evaluate, advise, and consult on diagnosis, vaccines, precautions, medical treatment, and countermeasures for potentially exposed DHS personnel in the event of an outbreak. Port directors will liaison with local CDC quarantine stations to develop local procedures.

To determine which quarantine station serves a particular port of entry, Reference **Attachment 2** for a list of the CDC Quarantine stations and their areas of coverage. Port directors should verify with CDC if new and/or temporary facilities have been established within their jurisdictions. Ports with no local CDC representative will consult their designated quarantine station to determine whom to contact when an immediate health assessment is required. CDC may contract services of state and/or local health officials for this purpose. CDC should provide this information to the CBP port director.

All Continuity of Operations Plan (COOP) core templates should be updated to include the designated POCs. To ensure efficient communications, port directors and DFOs should develop notification trees, showing which organizations to contact, in what order, and points of contact for each organization. This information should be accessible to all managers.

DFOs and port directors will prepare local Cargo Processing Plans (CPP) based upon guidelines contained in this document.

Staffing

DFOs and port directors will determine the minimum staffing required for maintaining operations for each activity type at the port, with the goal of developing a flexible workforce that is cross-trained in essential functions, i.e., cargo processing, passenger processing, entry review, agriculture inspection, etc. In the event of catastrophic absenteeism, employees should be prepared to assist and/or replace officers trained in specific skill sets. Plans will be prepared to reassign personnel to maintain or cease operations, as directed. CBP threat levels will also be a determining factor. DFOs and port directors should assess the critical operational responsibilities in each of their ports for vulnerability due to high employee absenteeism; identifying minimum staffing requirements, staffing consolidation plans, prioritizing of tasks critical to the safety and security of the Homeland, and developing plans to address assessed local shortfalls.

DFOs and port directors will develop Staffing Recovery Plans to maintain operations during multiple or continuous extended periods of absenteeism that may involve 30-50% of the work force and last for several months each. Plans may include suspension of non-mission critical activities, shift adjustments, re-deployment of local and field office-wide assets, increased overtime, closures of low volume ports, and cancellations of annual leave, training and temporary details. All port closures will require the approval of the Commissioner.

DFOs should identify what personnel will be essential to the continuity of CBP operations. Managers should also assess local operations unique to their areas of responsibility for possible

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additional resource requirements. The following critical mission priorities must be used in determining what local personnel may be utilized to best meet objectives:

- Continuing to secure our nation's borders;
- Preventing the entry of terrorists and terrorist weapons;
- Slowing the spread and mitigating the consequences of a pandemic;
- Protecting our workforce and the public; and
- Facilitating our nation's trade, particularly medical supplies, food, fuel, and other identified critical commodities.

Additionally, managers should consider the ability to meet the following operational goals when prioritizing personnel:

- Target high-risk travelers and commerce at U.S. ports of entry (land, air, and sea), pre-clearance facilities, and Container Security Initiative (CSI) locations;
- Facilitate the entry of legitimate trade into the country to protect the commerce and agriculture of the United States before, during, and after a pandemic;
- Scrutinize inbound processing and/or immigration procedures and/or outbound passenger processing based on the nature of event;
- Facilitate the collection of revenue and associated functions related to the commerce of the United States;
- Coordinate emergency procedures with all CBP offices, Department of Homeland Security (DHS) component agencies, as well as other local, state, federal, and tribal stakeholders;
- Provide continuous situational awareness to and consultation with the Commissioner;
- Maintain communications with Directors and Field Operations to ensure effective leadership and guidance and to ensure clear guidelines to those federal employees under the authority of CBP outside Washington, D.C., to include overseas locations; and
- Provide HQ management with next-step guidance based on the nature of the event.

DFOs and port directors will communicate with other government agencies' (OGA) POCs to assess alternative staffing phases combining resources that may be implemented during an escalating pandemic.

Sister Ports

DFOs should identify and craft SOPs for the establishment of sister ports, i.e., locations that can remotely perform critical targeting, communications, and other essential IT functions in the event of personnel shortages at local port(s). DFOs should contact other Field Offices and establish joint SOPs that include contact information, triggers, and mutual assistance protocols. Sister ports do not have to be located within any specific geographical boundaries, but should be situated at a distance great enough to not be impacted by localized outbreaks of illness.

DFOs and port directors will devise a plan to monitor and report to OFO the escalating employee absenteeism and possible avian influenza infection in employees and their families during phases IV and V. **A benchmark of sustained 10% absenteeism over a 24-hour period will trigger the requirement for daily reporting to the Office of Field Operations, HQ.** The report will include: Number of employees on sick leave, number of employees unaccounted for, and number of employees possibly infected by Highly Pathogenic Avian Influenza (HPAI).

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Mobile Response Teams (MRTs) and Re-deployment of Human Resources

MRTs currently exist in four locations. They may be deployed to impacted locations to assist with cargo/passenger processing upon request from the DFO to the Assistant Commissioner (AC), OFO. Field Offices will identify qualified personnel that may be available to be re-deployed. DFOs will establish plans for re-deploying personnel to "hot spots" during successive phases. This could include Customs and Border Protection Officers (CBPO), Customs and Border Protection Agriculture Specialists (CBPAS), import and entry specialists, managers, or support staff deployed to other ports or interior locations to assist with outbreaks in the United States.

DFOs and port directors should identify and record contact information for personnel within their area of responsibility that possess special training and skills in emergency medicine (i.e., trained emergency first responders, emergency medical technicians, medics, volunteer firemen, etc.).

Update Local Operating Procedures and Protocols

Port directors will continue to coordinate with CDC to develop local SOPs directing interagency actions to include protocols for traveler referrals and screening, quarantine and detention facilities, communications and information sharing (this may be routed through National Targeting Center (NTC) for information sharing), and vessel boarding and denial of landing/docking rights. The MOU between DHS and HHS (*Attachment 6*) provides a framework for this SOP.

Trade/Commercial Operations:

DFOs and port directors will ensure that all officers are aware of the prioritization of CBP trade programs and processes during a pandemic event. DFOs and port directors will use the following guidelines to determine what programs and processes may be suspended during a pandemic event; the duration of the suspension period; and the priority of each program/process:

Mission critical programs – These programs/processes should be continued during the Pandemic phase:

1. Expedited clearance of international relief supplies;
2. Cargo release processing – CBP must continue the processing of all legitimate trade. It is highly likely that the federal and private sectors will both experience personnel losses and increased absenteeism during a pandemic event. CBP must not delay the processing of legitimate cargo that the international trading community is able to bring into the United States. To address this matter, OFO will work with stakeholders to identify commodities that may be a vector for a pandemic influenza, a threat to national security, or a threat to public health and safety. OFO will work with OIT to modify ACS Selectivity to target commodities that may be a threat under (1) above, to ensure that available resources are dedicated to the review and processing of these items. OFO will work with OIT to modify ACS Selectivity to temporarily remove non-threat criteria, freeing up resources to focus on commodities identified under (1) above. Non-threat commodities would therefore be eligible for electronic release. DFOs should prepare contingency staffing plans to ensure critical trade processing in the event of high absenteeism rates. Port Directors will refer to section on non-critical mission programs/processes of this annex that may be suspended during a pandemic event;
3. Entry/Entry Summary Acceptance (ABI/non-ABI);
4. Revenue collection: Includes collection for dutiable entry summary transactions. Continue daily deposit process. If the daily deposit cannot be performed, then the deposit should be held in the vault for deposit at a later date;
5. VACIS examinations – OFO will continue to work with stakeholders in this area and will provide more information to field personnel; and
6. Entry/Entry Summary Requirements:
 - a. Current document requirements will remain in effect;

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- b. Current data requirements will remain in effect (ABI/non-ABI); and
- c. "Snow day" process will remain in effect (follow current procedures).

Non-critical mission programs/processes that may be suspended during a pandemic event.

The suspension of these activities will be for a limited period of time:

The Executive Directors, Cargo and Conveyance, Office of Field Operations in coordination with the Executive Director, Trade Policy and Programs, Office of International Affairs and Trade Relations and in consultation with the Directors, Field Operations (DFO), will set the period of program/process suspension. The program/process suspension may be applied nationally or locally as conditions dictate.

Program/Process Priority Rating

HIGH (*)** – This program/process is ranked as a top priority and should be resumed immediately as conditions permit.

MED ()** – This program/process is a second tier priority and should be resumed after the HIGH priority programs/processes have resumed normal operations.

LOW (*) – This program/process has been deemed a low priority and should only be resumed once pandemic conditions no longer prevail in a given location.

- AD/CVD:
 - 1. HQ issuance of liquidation instructions***
 - 2. Port processing of AD/CVD liquidations***
- Quota processing, including Visa requirements***
- ACS Cargo Selectivity** – not related to National security/pandemic
- Compliance Measurement Examinations** – OFO will work with stakeholders to provide more information on this topic.
- Handling on Priority Trade Issues not related to health and safety**
- On-site monitoring of seizure vaults**
- Marking requirements** – country, fiber content/wool products, labeling
- Audit activities*
- Bonded Warehouse:
 - 1. Processing of new applications*
 - 2. Issuance of new licenses*
- Broker License Examination
 - 1. Examinations*
 - 2. Development of future examinations*
 - 3. Appeal process*
- Broker Licensing
 - 1. License application processing*
 - 2. Issuance of new licenses (individual and corporate)*
 - 3. Issuance of name changes on licenses*
- Broker Permits
 - 1. Issuance of new local permits*
 - 2. Issuance of National Permits*
- Cartmen
 - 1. Processing of new applications*
 - 2. Issuance of new licenses*
- Commercial registrations and Carnet processing*
- Conferences* – not related to national security/pandemic
- Enforcement of Technical violations, low value and low threat seizures*
- Foreign Trade Zone
 - 1. Processing of new applications*
 - 2. Issuance of new licenses*

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- Importer and broker compliance visits*
- Permanent Exhibition processing*
- Self-Inspection Reporting program (trade worksheets)*
- Trade and industry meetings* – not related to National security/pandemic
- Trade Fairs*
- Training* – not related to National security/pandemic
- Travel* – unless approved by the DFO or HQ office

Fines, Penalties and Forfeitures

(FP&F) local SOPs will be developed based on the following OFO guidelines:

Each field office is to review Seizure Vault alarm reporting procedures and expand the alarm monitoring guidance. The expanded guidance should include at least three numbers to call in the event of an alarm during a pandemic: Sector communications, a 24-hour port number, and the CBP HQ 24-hour call center. Alarms from vaults that have been sealed are to be treated as emergency alarms.

Verify property seizure vault video monitoring capabilities and, if feasible, establish the means to transfer the video feed.

Establish a pre-determined schedule for restricting seized property vault operating hours. For example, due to conditions or personnel availability, the vault may only be able to accept seizures between noon and 4:00 p.m. (include an emergency acceptance procedure). Reduced vault operating hours must be reported to the Seizures and Penalties Division (SPD) at HQ.

SEACATS is the official accountability record and inventory of seized items. During any pandemic Phase, it will be important to maintain data input. The following data entry protocols will maintain the accuracy of SEACATS data. Copy all seizure documents before forwarding for centralized processing:

Operations as normal – Input by the seizing officer;
 Centralized port SEACATS processing – Documentation is forwarded to a central port processing station;
 Field office centralized processing – Documentation is forwarded to a field office location for processing; and
 HQ centralized SEACATS processing – Documents are forwarded to SPD for processing.

Other Operations

DFOs and port directors will perform the following preparations:

Coordinate with USDA/Veterinary Services to revise/develop joint SOP for handling and notifications of interdicted live birds. Ports should include local state directories in the appendix. http://www.aphis.usda.gov/vs/area_offices.htm.

Filtered Bird Carriers and biological hazardous boxes for dead birds: Port directors must ensure that each port of entry or major clearance facility within a port of entry has a USDA-approved filtered bird carrier or bird isolate on hand. The carriers are provided by USDA-Veterinary Services. Ports should contact their designated APHIS-PPQ Veterinary Medical Officer to request bird carriers.

Coordinate with U.S. Border Patrol (OBP) in the development and/or updating of SOPs for the handling and transport of live birds interdicted between the ports of entry.

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DFOs and port directors will verify that Compliance Agreements are current and facilities are available for the destruction and disposal of high-risk animal products.

Develop/update SOPs for destruction and re-export of high-risk avian products. Coordinate these efforts with carriers and other agencies as appropriate

DFOs and port directors will coordinate with CDC, ICE, and/or OBP to develop local SOPs for transportation of infectious travelers to medical facilities. While the primary area of responsibility for CBPOs is confined within the parameters of the Port(s) of Entry (POE), in exigent circumstances CBP may be requested to assist the CDC in the transport of ill travelers. DFOs will determine local CBP response to these requests on a case-by-case basis, taking into account the following:

- Number of available CBPOs;
- Current and anticipated workload at POE/facility;
- Availability of Detention and Removal Office (DRO) or Immigration and Customs Enforcement (ICE) officers;
- Availability of local emergency response personnel;
- Availability of suitable vehicles;
- Distance from POE of medical facility; and
- Degree of situational urgency.

Port directors will ensure the creation of an incident report (IOIL) to record each incident.

DFOs and port directors should inventory local stockpiles of emergency supplies such as Meals Ready to Eat (MRE), bottled water, first aid kits, and batteries. In the event of sustained emergency situations, DFOs and port directors should identify those local facilities that should be equipped with a stockpile of supplies sufficient to provide employees with food and water for extended periods of time. DFOs should pay particular attention to remote facilities located large distances from commercial centers, and those locations that require extensive employee travel.

DFOs and port directors will coordinate with partner agencies and representatives from North American contiguous countries, port authorities, and other appropriate parties to develop/update SOPs for long-term port closures for air, sea, and land border ports. Selective port closures of airports may become necessary during human-to-human outbreaks requiring diversion of aircraft. All port closures must have advance approval of the Commissioner of CBP.

Port directors will coordinate with carriers to establish local protocols for pre-arrival notification of travelers with flu-like symptoms on the conveyance. Protocols will be activated upon notification to airlines based upon worldwide outbreak status.

Notifications: Airports with an On-Site CDC Quarantine station: The notification process for international airports with an On-Site CDC Quarantine station differs slightly from those airports that do not have a quarantine station. The difference is mainly in the delegation of authority to other on-site medical responders at non-CDC Quarantine station airports. Below are the national Department of Transportation (DOT) guidelines for notifications for the in-flight response to a communicable disease incident on an international flight at airports with an on-site CDC quarantine station:

Pilot-In-Command notifies:
 Airline dispatch center
 FAA
 CDC quarantine station

CDC quarantine station notifies:
 CBP

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Airport police/fire Department/EMS dispatch center
 State and local public health departments
 CDC HQ (depending on the nature of the event)
 TSA
 FBI

FAA notifies:
 CDC quarantine station
 Airport Operations
 CBP
 TSA

CBP notifies:
 CDC quarantine station

TSA notifies:
 CBP

Notifications: Airports Without an On-Site CDC Quarantine station: At international airports without an On-Site CDC Quarantine station, the response to a communicable disease incident on an international flight relies on on-site medical responders who have been delegated authority by the jurisdictional quarantine station to act on its behalf. Airports without a quarantine station should notify the jurisdictional quarantine station and the local health department for both domestic and international flights. Following are the notifications for the in-flight response at airports without an on-site CDC quarantine station:

Pilot-In-Command notifies:
 Airline dispatch center
 FAA
 CDC quarantine station

CDC quarantine station notifies:
 CBP
 Airport police/fire department/EMS dispatch center
 State/local health department
 MOA hospital(s)
 CDC HQ
 FBI

FAA notifies:
 Jurisdictional CDC quarantine station
 CBP
 Airport police/fire department/EMS dispatch center
 TSA

CBP notifies:
 CDC quarantine station

Other Notification Considerations: In addition to the responders listed in the notifications above, the entities listed below may be considered in notification lists for response planning at locations other than airports. Please note that the U.S. Coast Guard will need to be alerted in cases of possible infected passengers or crew on arriving vessels:

Federal Responders
 CDC
 US Coast Guard
 CBP

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DFOs and port directors with seaport operations must ensure that local notification trees and response plans are coordinated with the U.S. Coast Guard, CDC, and USDA.

Public Affairs

Field Offices and ports without a Public Affairs Officer (PAO) will identify a spokesperson and/or Subject Matter Expert(s) (SME) for media responses. The Office of Public Affairs (OPA) will vet all media responses for PAOs. OFO will vet information for all other locations, (for additional information, please refer to Annex X, the Office of Public Affairs).

PAOs will coordinate with the OPA to develop materials (fact sheets, talking points, press releases) and will provide updates as the environment changes.

Ports will direct new highly pathogenic avian influenza (HPAI) information to PAOs. PAOs will facilitate updates to avian influenza information on the CBP intranet and the Internet.

Ports and FOs will not issue any information or media releases without prior approval from HQ. For additional information, please refer to Annex X, the Office of Public Affairs.

Training

Avian Influenza Training: DFOs will ensure that employees and contractors have completed all required Avian Influenza training. DFOs will ensure that all employees receive applicable training as it is made available. All courses must be recorded in the Training Records and Enrollment Network (TRAEN).

Personal Protective Equipment (PPE) Training: DFOs will ensure that all employees receive training in the proper use of PPE required for protection against Avian/Pandemic Influenza. The Safety and Health Division has conducted a Job Hazard Analysis (JHA) and PPE Assessment for Avian Influenza (**Attachment 1**), which will serve as the primary document for identifying hazards and PPE requirements for CBP Operations relating to Avian Influenza. Precautionary measures and PPE identified in these documents will be incorporated into specialized Part 2, and follow on training available in the CBP Virtual Learning Center as they become available.

Additionally, the use of respirators (N95s and tight fitting half or full face) requires special program compliance including: training, medical clearances, and fit testing. Additional information regarding the use and deployment of PPE can be found in **Attachment 1**, as well as the Occupational Safety and Health (OSH) Division's Annex of this Plan.

Contact (CDC) Quarantine Officer in Charge to coordinate passenger screening and isolation training for CBPOs and management personnel per MOU between DHS and HHS. If CDC has inadequate resources to provide or coordinate training, ports should explore train-the-trainer and other CBP training options, such as Collateral Duty Safety Officers (CDSO), Hazmat Coordinators, or Safety and Occupational Health manager, if available. Ports should provide train-the-trainer and other CBP training options if the local CDC has inadequate resources to provide or coordinate training. For additional information, please refer to the Office of Training and Development's Annex of this Plan.

Tabletop Exercises

DFOs and port directors will design and conduct port and field office tabletop exercises that incorporate all levels of the field office organization. Develop scenarios relevant to local operations that affect both animal and human outbreak phases. Involve appropriate stakeholders such as USDA, CDC, ICE, USCG, military installations, state and local law enforcement, local medical personnel and/or facilities, port authorities, airlines, shipping lines, brokers associations, and the travel industry. At land border locations, update COOPs with Border Patrol and foreign

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partner agencies. Coordinate with the Office of International Affairs and Trade Relations as appropriate.

Contact other agencies/entities and indicate a preference for local CBP participation in exercises conducted by other agencies. Utilize tabletops to assess current preparedness and jointly develop local protocols and SOPs with stakeholders.

DFOs and port directors should incorporate "lessons learned" and best practices into local procedures and report these to both the FO Avian Influenza Coordinator and HQ AI Task Force in Significant Visit Report and/or Best Practice format.

Communications

Field Offices, in coordination with the Office of Information Technology (OIT), will establish and deploy emergency communications capability, both internal and external, using current available technology.

DFOs and port directors will ensure timely distribution/presentation of AI musters, animal alerts, and other related reference materials to ALL employees.

Field Offices and ports will create local musters to address local protocols, current conditions, and ensure routine HPAI information updates are included in daily musters. Include notification tree information.

Ensure all employees are familiar with the location of the CDC Quarantine Center, as well as the name and contact information of the local HHS/CDC POC.

Ports should share musters with the FO Avian Influenza Coordinator.

Port directors will ensure that CBPOs receive updated information on infected countries as it changes, and will post the current lists of countries with ongoing animal and human outbreaks at passenger and cargo clearance sites for employee reference.

For animal outbreaks, notifications to the DFO will come from USDA via HQ Agriculture Programs and Trade Liaison. For human outbreaks, official notifications to the DFO will come from CDC via DHS- Homeland Security Operations Center (HSOC), the National Targeting Center (NTC), and the Deputy Assistant Commissioner, OFO.

Field Offices will monitor intelligence, bulletins, and lookouts from HQ and provide timely information to POEs.

DFOs and port directors will facilitate open communication with the local CDC office to ensure timely dissemination of critical information to CBPOs.

Establish and maintain a communication network with POCs of key stakeholders identified in COOP plans. Frequency of communications should increase as outbreaks escalate.

Distribute public notices from the OPA via local PAO to inform external stakeholders through meetings, press releases, CBP Internet, and other means (brokers, travel industry, carriers, etc.) of procedural changes, adjustments, and limitations occurring in response to avian flu outbreaks.

Isolation and Quarantine Facilities

When requested, DFOs and port directors will coordinate with CDC, port authorities and other key stakeholders to identify and designate sites for isolation and quarantine of potentially infectious travelers and detainees for all air, sea, and land border ports.

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Due to the distance away from CDC Quarantine Stations, some locations require segregation cells/spaces to safely detain individuals potentially infected with the avian flu virus. These cells/spaces will isolate sick individuals from other detainees and CBP work force, thus helping prevent the spread of the virus. Field Offices (and other partners) will be responsible for inventorying and establishing segregation capabilities. Field Offices will develop a surge capacity plan in preparation for CDC Quarantine Stations reaching the maximum of their surge capacity.

CDC may require a dedicated space for assessing traveler health and applying rapid detection tools and temporary quarantine detentions. Ports should assist CDC and facility management in identifying a suitable space that will be available if needed. This space should be close, but not in the F.I.S. and need not be CBP occupied/rented space.

At the seaports, infectious travelers may be quarantined on arriving vessels.

Field Offices and ports should consider potential detention for quarantine needs and basic provisions (enough food and water for detainees for several days) at CBP facility detention rooms when selecting and supplying appropriate sites. CDC advises that for some POE's testing samples to detect a virus may take up to 24 hours before results return to the CDC and a determination can be made if the traveler is to be isolated, quarantined, or released. CDC quarantine facilities will be under the purview of HHS. DFOs and port directors should coordinate with CDC representatives to plausibly estimate possible detainee numbers, factoring in normal workload figures with CDC transmission estimates. Transportation of detainees will be the responsibility of another agency except in exceptional circumstances and remote POE situations.

Personal Protection Equipment (PPE) and Safety Supplies

DFOs and Port Directors will ensure that adequate PPE and safety supplies are on hand to deal with increased usage as threat levels are increased. All CBP locations will maintain a sufficient supply of gloves, hand gel, respirators, and other items identified in the PPE.

DFOs and port directors will ensure that there are adequate PPE and safety supplies on hand within the field office to last for several months without re-supply. Ports will maintain a supply of paper facemasks to distribute to visibly ill or high-risk travelers. For information on PPE guidelines and procedures, refer to **Attachment 1**.

In addition, DFOs and port directors should identify and secure adequate storage space for PPE items. Those facilities with an inadequate area for storage should work within the chain of command to identify and secure an alternate site. Primary and alternate storage areas should be close enough to work sites for rapid deployment when necessary. For additional information, please refer to the Occupational Safety and Health (OSH) Division's Annex of this Plan.

CURRENT OPERATIONS

International Travelers and Baggage: Targeting, Screening, Examination, and Documentation

Any persons that have associated with birds or raw avian products in outbreak countries are at risk for infection.

Targeting

CBP's National Targeting Center (NTC) will conduct daily sweeps of all passengers traveling from identified source countries based on flight origination/passport information. The targeted countries will be determined upon consultation with CBP's Office of Intelligence and Operations Coordination as well as the CDC, USDA, and other public health authorities. Passenger

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Enforcement Roving Team (PERT)/Passenger Analytical Units (PAU), and CBPOs will heighten screening of travelers and crew for HPAI concerns. CBPOs will target travelers based upon countries/regions visited, occupation, purpose of travel, and other risk factors.

National Targeting and Security (NTS), in conjunction with the Office of Intelligence and Operations Coordination and other entities in the intelligence and law enforcement communities, will remain ready to develop special operations at the ports of entry in response to the pandemic threat stream. NTS will design and distribute any necessary muster modules or other alerts to notify field officers of any significant changes in the threat stream.

Screening

During CBP processing, all PAU lookouts, TECS Referrals, and Public Health Lookouts (see memo "TECS Referrals and Public Health Lookouts" dated 5/31/07, and Muster, dated 6/4/07, same Topic), and other travelers from infected areas will be questioned regarding their possible contact with birds or any avian products outside of the United States. Port directors should obtain information from both USDA and CDC to assist in formulating a list of questions designed to elicit critical information from passengers/crew/captain regarding HPAI exposure. CBPOs conducting screening will review the Customs Declaration (CF6059b) and ask travelers if they are bringing in any animals or animal products, including eggs.

In the event a traveler is placed under a Federal isolation or quarantine order by HHS/CDC, upon receipt of a written order from HHS/CDC, CBP will initiate the enforcement of that order, through appropriate use of force when necessary.

Examination

The below actions will be taken for travelers who have come into contact with live birds or raw avian products that originated in outbreak areas. For further information and guidance, please refer to Attachment 5, "*CBP Procedures for Handling Birds.*"

CDC will provide CBP with updated screening guidelines.

If any symptoms are evident, the CBPO will refer the traveler to a CDC Quarantine Officer or designee (see Memo dated April 30, 2007, "Potentially Ill Travelers and Response Protocols"). If none are locally available, consult with nearest CDC officer via telephone. Immediately disinfect surfaces that have come in contact with persons suspected to be infected with avian influenza. Use Virkon or a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) for disinfection. Follow directions on the label and/or in the USDA treatment manual.

The following actions will be taken for any travelers that have declared or are suspected of carrying birds or avian products from any country:

Live birds are immediately quarantined and not allowed on the baggage floor.

Refer to secondary for agriculture inspection to check for avian products and to determine if any disinfection of shoes or other articles is necessary.

CBPASs will follow existing protocols and guidance in USDA Manuals to determine admissibility of articles. For additional information or guidance on animal products, contact the designated USDA PPQ Veterinary Medical Officer (VMO) on http://www.aphis.usda.gov/vs/area_offices.htm.

CBPASs will follow existing protocols, Compliance Agreements, and SOPs to determine appropriate methods for destruction or disinfection of articles. Reference the Manual for Agriculture Clearance (MAC), Section 3-1-2 and 9CFR94.5, for approved destruction methods. The MAC can be accessed through the "PPQ Manuals" link on the cbp.net Home page.

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Inadmissible items should be placed in a leak-proof double plastic bag immediately and destroyed by approved method as soon as possible. Note that grinding may create mists/aerosols that contain virus particles. Determination will be made regarding the exposure hazards associated with grinding and develop effective mitigation measures.

Immediately disinfect surfaces that have come in contact with potentially infected articles or animals. Use Virkon or a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) to disinfect. Special safety precautions need to be followed and PPE needs to be observed when mixing and applying these chemicals – see the PPQ Treatment Manual, product label, and MSDS sheets.

If live birds are interdicted, contact the USDA VS POC or CBP agriculture inspection POC immediately and follow the local SOP for detaining birds. Detain birds in USDA VS-approved bird isolate or filtered bird carrier. CBP personnel should avoid any direct handling of live or dead birds through the use of protective gloves.

Coordinate with USDA-VS and follow established protocols if a bird-testing program is implemented.

If a person is encountered who has had contact with suspected infected dead or live birds, isolate the individual, and contact the local CDC POC immediately.

Fines, Penalties and Forfeitures

The FP&F Officer will verify the availability of narcotic destructions facilities and inquire if the destruction facility is being used to destroy infected animals. CBP use of narcotic destruction facilities to destroy infected animals must be coordinated with the proper health authorities. Once a facility has been used to destroy animals, additional protocols and safety measures must be established before the resumption of other CBP operations at that facility.

Documentation of Actions

Document all high-risk travelers that have undergone observation, inspection, and screening in TECS II IOIL.

CBPOs will enter referral results of high-risk and quarantined travelers into TECS Incident Log Reports (IOIL) and IO95.

Create a Situation Room report if the CDC determines that the traveler will be detained for quarantinable disease.

Document all interceptions and seizure of avian products from HPAI infected countries in TECS II IOIL, ATS, and ACS DEVAN records.

Submit a Situation Room report, contact ICE, FWS, and Investigative Enforcement Services (IES) when smuggled birds or high-risk avian products are intercepted or seized. Also submit a Significant Agriculture Incident Report for these and other high profile agriculture seizures. Perform a long form seizure, CBP form 6051S, 4607 and VS18 – Abandonment of Pet Bird Owner. *This procedure allows IES to initiate a larger penalty at a later date.* (Enforcement Action should be swift to include arrest during a Pandemic.)

Expedited Clearances

During a pandemic, CBP shall be prepared to assist in the swift and efficient movement of respective officials (Civil Air Patrol to move these officials), equipment (Civil Air Patrol to move

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equipment to each location), supplies, and properly permitted and packaged biological samples through U.S. ports of entry/departure.

Field Offices will be notified through OFO Components when critical public health, medical or veterinary officials, equipment, supplies, and biological samples for testing are entering or exiting the United States. Per the current expedited clearance directive, when expedited clearances are requested for medical or veterinary officials, the clearances should be sent through Admissibility and Passenger Programs (APP). APP is responsible for tracking, obtaining approval, vetting, and notifying the ports of entry. Cargo expedited clearance requests should be made through Cargo and Conveyance Security.

Cargo: Target and Examination

Entry of birds and avian products are restricted from all countries with current or recent animal outbreaks of HPAI. CBP intercepts all importations of live birds, raw eggs, and avian products from countries affected by the virus.

Targeting

The NTC will work with ports of entry to target high-risk cargo shipments utilizing rules linked to source countries, identified commodities, and specific trade entities. The targeted countries, commodities, and trade entities will be determined upon consultation with CBP's Office of Intelligence and Operations Coordination as well as CDC, USDA, and other public health authorities.

Intensify Automated Targeting Unit (ATU) research and targeting for birds and avian products. Create local HPAI rules sets to augment national sets targeting countries/products that present a high risk.

CBPOs, CBPASs, and import specialists will rapidly implement and enforce changing cargo restrictions as new outbreaks occur overseas.

Review Agriculture Quarantine Inspection Monitoring (AQIM) and Emergency Action Notification (EAN) databases to ascertain any unidentified pathways for avian products.

Field Analysis Staff (FAS), import specialists, and/or CBPASs will review and evaluate national and local criteria to ensure accuracy and relevance. Make recommendations for changes as appropriate. Ports will create and update local criteria as needed.

Examination

CBPASs will verify the validity of all USDA permits in real time. As new countries are added to the outbreak list, existing permits will be rescinded. Query VS Query Permits Issuance and Tracking System (QPITS).

CBPASs will follow existing protocols and guidance in USDA manuals to determine the admissibility of articles, their documentation and final distribution.

CBPASs will follow existing protocols, Compliance Agreements, and SOPs to determine appropriate methods for destruction or disinfection of articles. Reference the *Manual for Agriculture Clearance (MAC), Section 3-1-2 and 9CFR94.5* for approved destruction methods. The MAC can be accessed through the "PPQ Manuals" link on the cbp.net Home page.

Entry of birds and avian products are restricted from all countries with current or recent animal outbreaks of HPAI. CBP intercepts all importations of live birds, raw eggs, and avian products from countries affected by the virus.

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CBPOs and CBPASs must wear disposable gloves during examination of animals or animal products. Gloves should be changed if torn or otherwise damaged. Remove and dispose of gloves promptly after use, before touching non-contaminated items and environmental surfaces.

Refuse entry when the importation is **not** eligible for entry according to CBP agricultural requirements. The following options of disposition are available to the importer: **Immediate Export (IE)** or **Destruction** by the importer under CBP supervision.

Immediately export:

SAFEGUARD the importation;
 REQUEST a new air waybill or bill of lading;
 REQUIRE exporter to file an IE;
 STAMP the shipping document with a warning "For Export Only";
 WATCH any change of container and loading onto exporting vessel;
 DISINFECT or destroy used containers; and
 COMPLETE PPQ Form 523 to document disposition.

Destruction of the importation under CBP supervision:

SPECIFY that the importation must be incinerated or sterilized;
 SUPERVISE the destruction;
 COMPLETE PPQ Form 523 to document disposition; and
 If sterilized, then the importation must be cooked to an internal temperature of 212° F for 30 minutes. Must be cooked in a USDA or CBP approved sterilizer.

Live birds and avian products intended for Transit and Exportation (T&E) will be targeted and strictly controlled at ports of unloading. Transit will be allowed only if a valid USDA Transit Permit accompanies the shipment and appropriate safeguards will be followed.

Exam findings should be documented in SSXM or ATS. An Emergency Action Notification should be issued if cargo action is required.

Disinfection: Immediately disinfect surfaces that have come in contact with potentially infected articles or animals. Use Virkon or a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) for disinfection. Follow directions on label and/or in the USDA Treatment Manual.

Documentation of Actions

Create a Situation Room report if smuggled birds or high-risk avian products are interdicted or seized. Create a Significant Agriculture Incident Report for these and other high profile agriculture seizures.

Exam findings should be documented in ACS (DEVL/SSXM) and ATS-N. An Emergency Action Notification should be issued if cargo action is required.

Situation Room Reporting

Create a Situation Room report if smuggled birds or high-risk avian products are interdicted or seized or if CDC quarantines or detains any travelers referred to them by CBPOs. (Reference: "*Commissioners Situation Room Reporting*" CD 3340-025C.)

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Significant Agriculture Incident Report

Create a Significant Agriculture Incident Report for smuggled birds and other high profile agriculture seizures; contact ICE, FWS and USDA, and IES. Initiate a long form seizure, CBP form 6051S, 4607 and VS18 – Abandonment of Pet Bird Owner. *This procedure allows IES to initiate a larger penalty at a later date.*

Anti-Smuggling Operations

Involve appropriate federal, state, and local authorities in port Pest Risk Committees. CBP and Smuggling Interdiction and Trade Compliance (SITC) - USDA will plan and conduct Joint Operations to detect smuggling of birds and avian products. These can be coordinated through Pest Risk Committees. Follow established guidelines in the memorandum *AIPP-05-2022*, dated August 30, 2005, for setting up operations and obtaining approvals.

Some factors to consider in planning operations:

- Potential for bio-terrorist use of HPAI;
- Associated risks and hazards;
- Likely target locations;
- Potential outcomes; and
- Indicators of possible criminal or terrorist activity involving HPAI.

Personal Protection Equipment Use and Disease Prevention

The HRM-OSH conducted a Job Hazard Analysis (JHA) and PPE Assessment for Avian Influenza (refer to **Attachment 1**), which will serve as the primary document for identifying hazards and PPE requirements for CBP Operations relating to Avian Influenza. Precautionary measures and PPE identified in these documents are considered policy and supervisors must ensure personnel compliance. HRM-OSH will amend the JHA and PPE Assessment when necessary. For additional information, please refer to the Occupational Safety and Health (OSH) Division's Annex of this Plan.

Personal protective measures will include:

Employees will wash their hands frequently with soap and water for 15–20 seconds or use alcohol-based hand cleaners. Hand washing is the number one most effective method to prevent disease. Supervisors will ensure that employees are utilizing good personal hygiene and hand washing measures, particularly before going on breaks, eating, drinking, and immediately after handling any infectious material or items that may be contaminated.

Employees will avoid touching mouth, nose, or eyes while processing travelers, animals, or animal products.

Employees must follow respiratory hygiene/cough etiquette to minimize risk of exposure. This will include coughing into tissues, not the hand. Dispose of tissue immediately. CDC guidance on disease prevention will be followed and incorporated into Hazard Bulletins issued by the Safety and Health Branch.

CBPOs and CBPASs will wear disposable gloves during examination of animals or animal products or high-risk travelers. Gloves should be changed if torn or otherwise damaged, and after each inspection to limit cross contamination. Employees will avoid touching eyes or mouth with gloved hands. Remove and dispose of gloves promptly after use, before touching non-contaminated items and environmental surfaces and thoroughly wash hands after removing gloves.

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Disposable particulate respirators (N-95) should be worn when handling poultry or poultry products. During human-to-human outbreaks, symptomatic passengers will be given a surgical mask to prevent disease transmission. ***In cases where symptomatic passengers refuse or cannot wear a surgical mask, CBP personnel will wear an N95 respirator.*** Training and fit testing guidance for these employees is provided in ***Attachment 1*** of this document.

Social Distancing: When possible, CBPOs and CBPASs should maintain a distance of three feet or more from visibly sick individuals. This distance will provide some degree of protection. CDC quarantine officers will be contacted for specific guidance on quarantine and isolation.

Disinfection: Immediately disinfect surfaces that have come in contact with potentially infected articles, animals or humans. Use Virkon or a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) for disinfection. Follow directions on label and/or in the USDA Treatment Manual.

Emergency First Aid Procedures: Port directors will ensure that employees have been provided instruction in emergency and contact procedures to follow in case of medical emergency.

Filtered Bird Carriers and biological hazardous boxes for dead birds. Port directors must ensure that each port of entry or major clearance facility within a port of entry has a USDA-approved filtered bird carrier or bird isolate on hand. The carriers are provided by USDA-Veterinary Services. Ports should contact their designated APHIS-PPQ Veterinary Medical Officer to request bird carriers.

Protection of Canine Assets

Recent evidence suggests that dogs may be at risk for Avian Flu. As a precaution, CBP canines should not be exposed to raw poultry products beyond their detection ability. Precautions should be taken when purchasing poultry training aids. Communicate concerns to kennel staff. Guidance on detection and prevention of influenza in dogs can be found at: <http://www.diaglab.vet.cornell.edu/news.asp>.

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Status: Currently there is no evidence that H5N1 HPAI exists in the United States. Historically, there have been three HPAI outbreaks in poultry in this country – in 1924, 1983, and 2004. No significant human illness resulted from these outbreaks.

There has been one documented case in Indonesia in 2006 where the members of one family unit appear to have transmitted the H5N1 virus among the family, with several deaths occurring.

Currently, there is only bird to human deaths occurring; however the virus is constantly changing and adapting and may take on a form that will become easily transmissible between humans.

Continue all actions identified in the Preparedness Activities.

Import Control

CBPASs will review animal permits and coordinate with USDA permit units for revoked permits and other regulatory actions. Import specialists may assist CBPASs when needed. Enhance mechanisms for screening, targeting international manifests for animal/avian shipments.

Potential bio-hazardous materials seized from passengers arriving from an area identified as having an outbreak in humans will be segregated from other seizures. The CDC and local health authorities will specify additional seized property handling protocols, decontamination procedures

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and or safety equipment necessary to process these seizures. The handling of bio-hazardous seizures should be kept to a minimum. Bio-hazardous seizures should be triple-bagged. In addition, other items seized from passengers arriving from an overseas area identified as having an outbreak in humans should also be treated as infectious material.

Export Control

Exports will be controlled through existing USDA and international protocols for the exportation of animals and animal products. It can be assumed that when a U.S. animal outbreak is confirmed, our trading partners will immediately terminate trade in birds and avian products from the infected area. Any export shipments that are admissible into the destination country will require certification from the USDA.

Staffing

DFOs and port directors shall closely monitor staffing levels to ensure adequate personnel are available to meet mission priorities, in addition to the possible institution of expedited clearances of critical relief supplies, passive and/or active screening of arriving passengers, and assisting HHS/CDC in isolation and/or quarantine efforts. Under the USDA-DHS MOA, *Appendices 2 and 3*, CBP may be requested to assist USDA with detection, containment, decontamination, and/or export control. Previously assembled Jump Teams may be able to assist in this capacity.

Continue to refine port contingency staffing plans for successive phases that may include high employee absenteeism. Review existing plans for consolidation of resources and identification of mission priorities in the event of widespread absenteeism.

Trade

Identification of relief supplies – This list will be updated (OFO will continue to work with partner agencies and stakeholders to determine what merchandise could legitimately qualify as relief supplies):

- Pharmaceuticals – for the treatment of influenza related symptoms in humans and animals;
- Food;
- Bottled water;
- Medical equipment and supplies;
- Personal protective equipment (masks, gloves, hand gel, gowns, bio-contamination tents);
- Tents and materials to make shelters;
- Air and water purifications systems (excludes air conditioners);
- Blankets, pillows, and cots; and
- Fuels.

Coordination with impacted federal regulatory agencies (FDA, CDC, USDA, etc.) – OFO will continue to work with partner agencies.

Seized Property

Potential bio-hazardous materials seized from passengers arriving from an area identified as having an outbreak in humans will be segregated from other seizures. The CDC and local health authorities will specify additional seized property handling protocols, decontamination procedures, and or safety equipment necessary to process these seizures. The handling of bio-hazardous seizures should be kept to a minimum. Bio-hazardous seizures should be triple-bagged. In addition, other items seized from passengers arriving from an overseas area identified as having an outbreak in humans should also be treated as HAZMAT.

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International Travelers and Baggage

Targeting

Advanced targeting by National Targeting Center (NTC) and Analytical Units (AUs) at ports of entry will be based upon known origin and connections of all commercial flights.

The NTC and AUs at ports of entry and pre-clearance sites will create rules sets to identify passengers who have originated in and/or visited an infected country, previous violators and research scientists. CBPOs will target travelers based upon countries/regions visited, occupation, purpose of travel, and other risk factors.

Screening

People directly or indirectly originating from affected countries are at higher risk for infection. Therefore, CBP personnel will look for symptoms of the flu virus in travelers, which could lead to detention and evaluation by a CDC medical officer. There are two forms of disease surveillance: passive surveillance and active surveillance.

Passive Surveillance

Passive surveillance of persons coming into the United States from foreign countries consists of the recognition and reporting of overt visible signs of illness, including H5N1 influenza, or information about possible infection with H5N1 or another illness provided in the course of routine interactions with detainees or travelers. Passive surveillance does not involve the eliciting of a medical history or performance of a medical examination.

CBP personnel perform passive surveillance as part of their normal inspectional process. CDC may provide CBP personnel with additional guidance about specific symptoms to look for in arriving passengers during a pandemic.

If a person appears to be symptomatic:

- Ask the individual about his/her history of travel outside of the country; and
- If the person's overt symptoms and travel history indicate that the person may have avian flu or another communicable or quarantinable disease, refer the person to the CDC Quarantine Officer or other designated public health official at a port of entry (see Memo: "Potentially Ill Travelers and Response Protocols, dated,04/30/07).

Active Surveillance

The purpose of active surveillance is to identify ill persons suspected of possible infection with, or exposure to, pandemic influenza. Active measures are risk-based, can be varied, and will depend on the location and extent of pandemic influenza disease outbreak. Active surveillance may consist of a number of methods to assess the risk that people entering the United States from affected countries or regions are carrying a quarantinable disease. CDC will ensure that a quarantine officer or designated official with public health training will be on site at ports of entry to evaluate any individual identified through active surveillance.

At CDC's request, CBP personnel may help perform active surveillance. CDC will provide CBP personnel guidance for performing active surveillance. Specifically, CDC will provide a list of questions along with specific answers to those questions that could indicate the person needs to be referred to a Quarantine Officer or designated public health official for medical evaluation.

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Active Surveillance may consist of one or more of the following:

- Traveler health questionnaire: Intended to identify individual travelers who are at higher risk of infection with or exposure to pandemic influenza. Questionnaires may be completed onboard the aircraft prior to arrival or upon arrival for review by screening personnel.
- Personal interview: Intended to identify a traveler who is at higher risk of pandemic influenza.
- Temperature screening/passive infrared thermal scanning by Public Health officers.

Information Sharing with CDC

In an effort to assist CDC with gathering information regarding travelers who may be infected or have been exposed to a communicable disease, CBP will provide specified Customs Declarations (CF 6059B) (also see TSF Memo "Providing Customs Declaration Information to the CDC").

Any request made by the CDC or Public Health (PH) for traveler information must be reported to OFO Operations Division. In accordance with the current Memorandum of Understanding, Standard Operating Procedure, and CBP issued Memoranda, all field office locations should continue to assist CDC with gathering information regarding travelers who may be infected or have come in contact with an individual who is later found to be infected with a known communicable disease.

When reporting requests made by the CDC or PH, the following information must be included in order to ensure the integrity of the information being provided to CBP and DHS:

- Name of requesting official, title and agency and contact information.
- Date and time of request.
- Port location receiving the request.
- Biographical information of Patient (name, DOB, citizenship, travel document numbers).
- Reason for the request to include type of communicable disease or illness and if the patient has tested positive for the disease or illness.
- Passenger / traveler names requested.
- Flight or vessel number.

The CDC or PH must complete the top portion of the *Request for Information by the Centers for Disease Control or Public Health*, including the specific reason for the request;

- The CDC or PH is responsible for making copies of the requested 6059B; and
- The CDC must ensure the original Customs declarations are returned to CBP within a timely fashion.

Requests made by the CDC or PH must be related to a specific individual or individuals on board a particular carrier, based on specific information only.

All requests must be sent electronically to the "OFO-Exec Dir Field Ops" inbox, the Field Liaison Officer assigned to your Field Office, and the Director of Field Liaison. In addition a copy of the request should also be faxed to OFO-OPS at 202-344-2791. Upon receipt of the information, OFO-OPS will notify National Operations Center- CBP Liaison via the Commissioners Situation Room. The reporting of this information to OFO-OPS does not alleviate notification to the Commissioner Situation Room for those incidents that meet reporting thresholds in accordance with CBP Directive 3340-025C. "

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CDC will provide personnel to the NTC under the following conditions:

1. Widespread outbreak or substantial risk of a global outbreak of a communicable illness with potential to cause a Public Health Emergency of International Concern/CDC Travel Health Warning issued – four officers to assist NTC on a 24/7 basis to facilitate information flow and provide technical guidance on proper quarantine and detention procedures.
2. Outbreak of a communicable illness with potential to cause a public health threat/CDC Travel Health Precaution issued – two officers to assist NTC during official business hours (e.g., 9:00 a.m. – 5:00 p.m.) to facilitate information flow and provide technical background for situational awareness on proper quarantine and detention procedures.

CDC will be responsible for immediately notifying CBP when it has determined the occurrence of either condition listed above. For further information, please refer to the “Standard Operating Procedures for Sharing APIS and PNR Information and Officer Exchange Between U.S Customs and Border Protection and the Centers for Disease Control.”

Quarantine Enforcement and Detention

CDC has jurisdiction over all persons arriving from foreign (foreign nationals, Lawful Permanent Residents (LPRs) and U.S. citizens). The quarantine enforcement authority provided by the Public Health Service Act includes the authority to apprehend, examine, detain, or conditionally release individuals believed to be infected with a designated communicable disease. Regulations issued under the Public Health Service Act also authorize the detention, examination, and disinfection of aircraft, vessels, and vehicles at airports, seaports, and land borders. The Act further authorizes the Surgeon General to deny the entry of suspected persons and property into the country. For more detailed information, please see Annex XIV, Office of the Chief Counsel's Summary of Legal Authorities.

CBP will assist the CDC in the execution and enforcement of CDC-issued quarantine orders and quarantine rules and regulations. CBP has the authority and will detain those travelers designated by CDC to be subject to a temporary detention order or quarantine order issued by CDC.

In the event that a traveler is placed under a federal isolation order, HHS/CDC will communicate with airport pre-hospital providers regarding the passengers to be isolated and transported, and provide information as needed to destination hospitals for passengers being transported for testing and required treatments.

In the event that travelers are placed under a federal quarantine order, HHS/CDC will collaborate with State and Local Health Agencies in providing ongoing public health assessments of quarantined persons and provide information and situational assessment to affected passengers and crew.

Aliens: When an alien appears before a CBP Officer and presents symptoms of Pandemic Influenza, or if an alien begins to exhibit signs and symptoms after being taken into custody, CBP will contact the nearest CDC quarantine station. CBP Officers will utilize established operating procedures to handle aliens arriving at ports of entry that have medical emergencies, and should handle potentially ill aliens in a manner consistent with agency policies, procedures, and practices and in accordance with applicable law. CBP Officers may refer to the Inspector's Field Manual M-450 for guidance on such issues (for example, Chapter 17.9, Medical Referrals), but should also refer to memoranda issued to the field and/or musters or other guidance that may provide updates or recent changes in agency policy that may apply during times of pandemic.

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8 U.S.C. § 1182 provides, in part:

Classes of aliens ineligible for visas or admission

Except as otherwise provided in this chapter, aliens who are inadmissible under the following paragraphs are ineligible to receive visas and ineligible to be admitted to the United States:

(1) Health-related grounds

In general

Any alien—

who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to have a communicable disease of public health significance, which shall include infection with the etiologic agent for acquired immune deficiency syndrome, is inadmissible.

Non-resident alien applicants at land border ports of entry who are suspected for HPAI will be permitted to withdraw their application for admission and return to origin (Mexico or Canada) for medical evaluation. Established local procedures should be followed. CBP will record such incidents in accordance with local protocols.

U.S. Citizens and Lawful Permanent Residents (LPRs) are subject to HHS/CDC determination of medical status. CDC maintains jurisdiction over the execution of quarantine orders and transportation.

Arriving travelers who are criminal or terror-related positive matches are to be processed, detained, and when applicable, turned over to ICE following the usual procedures while maintaining separation by quarantine.

When a passenger/crewmember suspected to have a serious communicable disease is identified on an arriving vessel or during the CBP clearance process:

If advance notice of the suspected ill crewmember/passenger is received prior to the arrival of the vessel, the U.S. Coast Guard should be notified pursuant to local notification procedures.

If the passenger/crewmember has not yet disembarked, the suspect traveler, along with all passengers and crew, will be quarantined onboard until such time as a CDC Quarantine Officer or other designated public health official can either respond, or at minimum, be contacted for advice/instruction. The ship may also be directed to proceed to anchorage for a sufficient period of time to ensure that no other individuals on board have been infected. It is important to understand that public health officials must be prepared to provide medical treatment if care cannot be adequately provided by the ship and medivac may be required for critically ill individuals.

For Air and Sea arrivals at an FIS area, if the passenger/crewmember has already disembarked and is in the CBP processing area, the passenger/crewmember will be provided with and instructed to wear a mask, isolated in a CBP designated location or escorted back onboard the conveyance and held until such time as a CDC Quarantine Officer or other designated public health officer can either respond, or at minimum, be contacted for advice/instructions. Passengers and crewmembers in the area will not be held by CBP *UNLESS* – CBP/CDC have identified a Public Health screening area and an established Public Health Secondary Site (PHSS) at the facility.

The function of the PHSS is to provide a dedicated space for medical assessment to be performed on arriving international passengers who have been referred from primary entry screening. Although airports may have multiple PHSS sites, the PHSS will act as a centralized location for assessing referred passengers and making a final public health disposition for passengers and their cohort of travelers, as required.

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The PHSS may assess passengers directed from several different screening areas, which will each be performing a primary entry screening of individual arriving flights. The PHSS by design is to be located as near to the screening sites as practical to reduce the need for travel and passenger escort as much as possible. The optimum ratio of initial screening sites to PHSS sites should be determined locally as it is dependent on the density of arriving flights, frequency of flights, and airport configuration. The number and location of the PHSSs at individual airports will be determined by HHS/CDC and local airport authorities in conjunction with DHS. In the event CBP chooses or is requested by the CDC to meet a conveyance with suspected Avian Flu or other communicable disease infection:

When no CDC quarantine officer or other designee is available to meet the suspect traveler's conveyance at the time of arrival, CBP will meet the conveyance at arrival and prevent disembarking of all passengers and crew until authorized by CDC. Once a CDC representative or designee arrives or is consulted, CBPOs will assist as necessary.

Disease Exclusion

CBP will assist the CDC in their enforcement of quarantine rules and regulations, pursuant to the **Public Health Service Act, 42 U.S.C. § 201 et seq, 42 CFR §§ 71.31, 71.32 and 71.33; 42 U.S.C. § 270, and operational guidelines.** This includes emergency measures when a carrier or vessel is suspected to be transporting a passenger(s) and/or crewmembers with a serious communicable disease before or after leaving foreign. Regulations issued under the Public Health Service Act authorize the detention, examination, and disinfection of aircraft, vessels, and vehicles at airports, seaports, and land borders. The Act further authorizes the Surgeon General to deny the entry of suspected persons and property into the country. For additional information, please see the Office of Chief Counsel's Summary of Legal Authorities Annex.

¹ 42 U.S.C. §265 states:

Suspension of entries and imports from designated places to prevent spread of communicable diseases

Whenever the Surgeon General determines that by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate in order to avert such danger, and for such period of time as he may deem necessary for such purpose.

Arrivals by Air

It is the responsibility of the Department of State (DOS) to work with other governments and for CBP to coordinate with the air carrier industry to prevent travel to the United States of aircraft and passengers traveling from regions or countries where the World Health Organization (WHO) has identified high human-to-human transmission risk.

During severe pandemic outbreaks, the U.S. Government may chose to funnel international flights into pre-determined U.S. international airports to manage increased demand for screening. This information is provided for informational purposes only. The decision to funnel flights will likely be a multi-department decision at the Secretary level.

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If the aircraft is already en route when a determination is made that reasonable cause exists to suspect that individuals on the aircraft are infected with Avian Influenza, CBP may divert or deny landing rights to the aircraft in concurrence with CBP HQ under the authority of the DHS and its components and CDC. Upon this determination, the affected Field Office is required to make the appropriate Sit Room reports and notifications to the NTC. Additionally, a coordinated notification of an in-flight communicable disease incident will commence with protocols following the format as laid out on pages 9 and 10 of this Annex.

If previous actions fail, the aircraft will be diverted to previously selected non-commercial facilities. Facilities will be selected by DHS or other designated agency.

CBP will work with CDC to identify other pre-selected locations. The use of segregated airport facilities will be used for detention and testing of air passengers. HQ OFO will coordinate with CDC in the identification of protocols/criteria for use in the selection of alternative in cases of airport closures/diversion. The selection of these locations will be coordinated at DHS/HHS level, and DFOs will be notified upon completion.

If a suspect aircraft has already landed at the port of entry, CBP will require all travelers to remain onboard the aircraft and contact local CDC for guidance. CBP will accompany CDC or medical personnel designated by CDC to the aircraft. Medical personnel will evaluate the crew and passengers and determine what measures to take. CBP shall make efforts to segregate high-risk travelers while in the FIS. Field Offices should ensure that proper protocols are in place for FO to HQ notifications. Those areas with established PHSS should process passengers and crew as noted above.

Private Aircraft

Private aircraft arriving from countries with confirmed human outbreaks:

If U.S. citizens or Lawful Permanent Residents (LPRs) are onboard: Follow protocol in Phase II, International Travelers and Baggage.

If the travelers onboard are neither U.S. Citizens nor LPRs, deny landing rights (and closely coordinate action with DOT/FAA, TSA, DHS HQ and through INATR for any DOS actions that may be necessary). Allow refueling at U.S. port of entry if necessary for safety. Aircraft should be closely monitored while on the ground.

Private Aircraft may be diverted to a pre-assigned DHS Designated Alternative Airport.

Aircraft landing at a closed or closing airport following the denial of landing rights:

- Isolate Aircraft;
- Report landing to CDC/HHS;
- Report landing to OFO through normal incident processes;
- Resources, unless otherwise instructed by OFO, process flight via Phase III protocol; and
- Impose penalties on carrier.

Pre-clearance

Pre-clearance locations will follow established general guidelines for domestic ports of entry and;

CBP will concurrently work with Department of State (DOS), host government agencies, and air carriers to prevent travel to the United States of aircraft and/or passengers traveling from infected regions.

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CBP pre-clearance stations will deny inspection to carriers that are coming from the identified area(s) or who have passengers that connected to the flight from the identified area.

CBP pre-clearance does not have any CDC quarantine officers on site, however, stateside CDC quarantine stations are designated for each pre-clearance site and may be contacted for consultation.

OFO Personnel Detailed or Assigned Overseas

Under the Foreign Service Act of 1980 and the President's Letter of Instruction, dated June 30, 2003, the Chief of Mission to a foreign country is assigned full responsibility for the direction, coordination, and supervision of all Government executive branch employees and executive branch activities and operations in a foreign country. All DHS/CBP personnel located in a foreign country serve under this authority. In the event of pandemic or widespread outbreak in host countries, personnel and any accompanying family members may be redeployed in accordance to local COOPs with Chief of Mission and HQ concurrence.

Immigration Advisory Program (IAP) and Container Security Initiative (CSI)

CBP will work with partner U.S. Government agencies to assist in delaying the onset of outbreaks in the United States. If requested, CBP will work with the host foreign government to coordinate actions against the outbreak. If requested, CBP will work with the host country to target and prioritize operations efforts.

CBP will work with all carriers to increase awareness through education and information sharing.

Arrivals by Sea

Advance Targeting

CBPOs along with specialized targeting units will review vessel itinerary and advanced crew and passenger manifest. All persons onboard will be screened through TECS and other electronic databases for any possible recent travel in regions or countries where the World Health Organization (WHO) has identified high human-to-human transmission risk. Supplementary information about the itinerary and individual crewmembers or passengers may be obtained prior to arrival from ships' agents.

The local CDC quarantine station or designated contact will be notified when there is reason to suspect avian flu exposure of passengers or crewmembers.

Under the authority of the DHS and with the recommendation of CDC, CBP/U.S. Coast Guard will deny docking rights to vessels departing from regions or countries where the World Health Organization (WHO) has identified high human-to-human transmission risk and/or there are known or suspect cases of avian flu onboard. Authority to deny docking rights will reside primarily with the U.S. Coast Guard, with input from Directors, Field Operations based upon OFO consultation and recommendation.

If upon the arrival of a vessel CBP/U.S. Coast Guard deny docking rights, the vessel may anchor off shore until CDC designated medical personnel can respond. USCG will be responsible for ensuring all crew and passengers remain onboard until released by CDC and CBP. Section 365 of the Public Health Service Act [42 U.S.C. § 268(b)] specifically provides that Customs (CBP) and Coast Guard officers have a duty to aid in the enforcement of quarantine rules and regulations promulgated by the Surgeon General.

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42 U.S.C. § 268 provides:

....
 (b) It shall be the duty of the customs officers and of Coast Guard officers to aid in the enforcement of quarantine rules and regulations; but no additional compensation, except actual and necessary travel expenses, shall be allowed any such officer by reason of such services . . .

When requested, and on the basis of a determination by HHS or CDC personnel that the action is necessary for public health reasons, CBP/U.S. Coast Guard may withhold or withdraw entrance/clearance to any vessel traveling from international waters that has docked in a U.S. port by notating "vessel denied entrance/clearance" on the CBP Form 3171. This form shall be returned to the carrier's vessel agent.

Cruise vessels departing from regions or countries where the World Health Organization (WHO) has identified high human-to-human transmission risk will be required to anchor off-shore until CDC or other medical team can assess the situation. When no quarantine officer, other CDC personnel, or CDC designee is able to meet the suspect traveler's conveyance at the time of its arrival, CBP/U.S. Coast Guard will meet the arrival and prevent disembarkation until authorized by CDC.

Small Boats

Small boat operators arriving from foreign origins are required to notify CBP upon docking in the United States. If there is a confirmed human outbreak in the region/country where the boat originated or any country visited on the voyage:

The operator and all persons onboard will be instructed to remain onboard to await the arrival of a CBP officer. The vessel will be boarded regardless of I-68 or NEXUS status.

The CBP officer receiving the notification will question the caller as to whether there are any individuals onboard with flu-like symptoms.

If illness is reported onboard, CBP will consult the local CDC quarantine station or designee prior to boarding. It may be necessary to detain all persons onboard until a CDC officer can report to the vessel.

If no illness is reported onboard, CBPOs will follow protocols in this document, "*Processing of Travelers and Processing of Infected Travelers (Land Border)*."

Travelers from Caribbean countries will be processed as if they were air travelers. Non-lawful residents may be denied entry if they are coming from a country with confirmed avian outbreak.

Arrivals by Land

The U.S. government supports the "North American Strategy" of excluding infectious or potentially infectious travelers from the North American continent. This will require development and strict enforcement of tri-lateral agreements. This information and supplemental guidance will be provided to DFOs and port directors prior to implementation.

In the event that the North American Strategy is not adopted, the processing of travelers with flu-like symptoms will be dependent on their immigration status. U.S. citizens and lawful permanent residents may be placed in quarantine or detention. All others will be returned to origin (pending CDC guidance).

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Processing of Infected Travelers (Land Border)

The following procedures apply to travelers who have been assessed for illness by a CDC quarantine officer or designee and suspected of infection with highly pathogenic influenza:

Per Public Health Service Act, 42 U.S.C. § 201 et seq, and the Immigration and Nationality Act (INA) 8 U.S.C. 1182(a)(1), non-U.S. citizens suspected of being infected with pathogenic influenza traveling by vehicle eventually may be found to be inadmissible, (Please refer to the Office of Chief Counsel's Summary of Legal Authorities Annex). CBP will contact the Mexican or Canadian authorities for assistance in returning the vehicle.

Non-resident alien applicants at land border ports of entry who are suspect for Avian Influenza will be permitted to withdraw their application for admission and return to origin (Mexico or Canada) for medical evaluation. Established local procedures should be followed. CBP will record such incidents in accordance with local protocols.

ICE/DRO will develop medical clearance protocols in order to accept aliens requiring isolation or quarantine.

If necessary, aliens may be isolated in their vehicles while awaiting transport.

If the government of Mexico or Canada refuses to accept the return of the infected traveler, the DFO will contact HQ OFO.

If infected traveler refuses to voluntarily return to county of origin:

- CDC or designee will take control of the individual if immediate medical attention is required.
- If the individual has no legal documentation, CBP will contact CDC to isolate or quarantine.

U.S. citizens and Lawful Permanent Residents (LPRs) may be detained in designated quarantine facilities after CDC has assessed symptoms and recommended such action. CDC, or CBP under CDC authority, may detain such persons if CDC deems the action necessary to prevent the spread of the disease. Current U.S. Government policies and protocols will govern.

Transportation to quarantine or isolation facilities may be provided by another Federal Department or Agency during a pandemic, however, this may not be the case for all POE's or for all hours of operation at all POE's. CBP may attempt to contact ICE/DRO to request assistance with transportation as needed. If DRO is not able to respond: The port will follow the previously established protocols for the CBP transport of infected travelers (*see below*). For transport of non-resident aliens, the port director, in conjunction with CDC, will use discretion in determining whether to admit or return the traveler to the host country.

Documentation of Actions

Document all travelers that have potentially been exposed to the virus using TECS IOIL.

Document all travelers that are referred to CDC using TECS IOIL and IO95.

Create a Situation Room report if the CDC determines that the passenger will be detained for quarantinable disease.

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Expedited Clearances (Inbound and Outbound)

Ports of Entry (POEs) will be notified when critical outbreak responder, equipment, supplies and biological samples for testing will be entering, transiting or exiting the United States. Ports will provide expedited processing of these individuals and/or cargo in accordance with CBP policy.

In the case of transits, CBP, under the authority of the Immigration and Nationality Act, may waive many grounds of inadmissibility for critical relief personnel in cases where an outbreak may occur within the U.S. borders (8 U.S.C.1182).

Continue intensified targeting for birds and high-risk avian/poultry products and heightened screening of shipments from countries with confirmed outbreaks.

Ensure safety precautions are employed when processing returning remains of U.S. Citizens and Permanent Residents. Activate existing protocols.

Expedite importations of avian flu related vaccines, anti-viral, antibiotic medications, medical supplies, food, and other critical commodities in accordance with CBP policy.

Transportation

DFOs and port directors should refer to their previously developed local transportation SOPs with CDC, ICE, and/or Border Patrol. The primary area of responsibility of CBPOs is the POE. However, in exigent circumstances CBP may be requested to assist the CDC in the transport of ill travelers.

It is anticipated that transportation to quarantine or isolation facilities will be provided by another Federal Department or Agency during a pandemic, however, this may not be the case for all POE's or for all hours of operation at all POE's. CBP may attempt to contact ICE/DRO to request assistance with transportation as needed. If DRO is not able to respond: The port will follow the previously established protocols for the CBP transport of infected travelers. For transport of non-resident aliens, the port director, in conjunction with CDC, will use discretion in determining whether to admit or return the traveler to the host country.

DFOs will follow the listed guidelines when considering approval for CBP transport of infected travelers on a case-by-case basis:

- Number of available CBPOs on-site;
- Current/anticipated workload at POE;
- Availability of ICE/DRO officers;
- Availability of local EMS;
- Availability of suitable vehicles;
- Distance from POE of medical facility; and
- Degree of situational urgency.

All instances of CBP transport will be recorded in TECS IOIL.

Communication

Issue public notices in coordination with CDC/OPA informing external stakeholders, including the travel industry and trade partners on the changing import and export restrictions on birds and avian products. Ports should establish POCs and/or assign Account Managers.

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Anti-Smuggling Operations

Joint agency anti-smuggling operations should be expanded to include export smuggling of birds and avian products. Operations can be conducted jointly with USDA Smuggling Interdiction and Trade Compliance (SITC). Follow established guidelines in the memorandum AIPP-05-2022 dated August 30, 2005, (see *Attachment 8*) for setting up operations and obtaining approvals.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all actions identified in Phases I & II

Points of Contact

Review and update as necessary COOP Core Template POC list with federal, state, and local agencies and external stakeholders. Ensure all employees are familiar with procedures. Disseminate the latest AI updates. Canvass employees for those who possess special training and skills in emergency medicine (i.e., trained emergency first responders, emergency medical technicians, medics, volunteer firemen, etc.), and update contact information.

Public Affairs

CBP will assist CDC in informing the traveling public of potential disease threats, including distributing and disseminating CDC Travel Notices or Health Alert Notices. DFOs and port directors will receive information from the OPA. For additional information, please refer to Annex number X, the Office of Public Affairs.

Staffing

Monitor flu-type illness and absenteeism in employees. Continue to report to OFO.

DFOs and Port directors will initiate previously developed Staffing Recovery Plans.

Port directors will plan for deploying trained personnel to process travelers in alternative locations in the event that aircraft, other conveyances, or individuals are diverted to alternate facilities.

DFOs and Port directors will ensure that all employees exposed to travelers from identified infected counties, fill out a CA-2 form, Notice of Occupational Disease and Significant Incident Data Form (SIDF). For additional information, please refer to Annex number VIII, the Office of Human Resources Management.

Local Protocols

Coordinate with CDC and local emergency medical resources and port authority to ensure procedures for expedited access by EMS to CBP clearance sites and designated quarantine facilities.

Update COOPs to reflect changes in procedures to CBP response to outbreaks (ongoing).

Plan for diversion of inbound traffic in the event of port closures.

Refer to the CPP Program/Process Priority Rating for guidance in the suspension of port operations and subsequent re-allocation of resources.

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Information Sharing with CDC

CBP and CDC developed a Standard Operating Procedure (signed February 2007) for sharing APIS and PNR information and officer exchange between NTC and CDC. CDC will initiate request for information via secure fax to NTC and CBP will respond to the request within two hours if possible. CBP will extract the relevant data from the appropriate automated systems and prepare a formatted spreadsheet containing the specifics detailed in the SOP. During widespread outbreak and under limited circumstances, the CDC will provide subject matter experts to the NTC to facilitate requests for information. See also this in this Annex, Phase II, Information Sharing the CDC.

Employee Information

CBP DFOs and/or port directors will track through IOIL and notify local CDC of all agency employees who have become exposed to persons who are reportedly ill with HPAI.

When CBP personnel are potentially exposed to a reportedly ill person, CBP will provide the CDC with supervisory contact names and telephone numbers so that the CDC may advise them appropriately, as per the HHS/DHS MOU.

Communications

All ports and Field Offices are advised that the same notification protocols used in incident reporting shall be applied to Avian Influenza related incidents.

Field Offices and Ports should maintain open lines of communication with POCs of key stakeholders. Frequency of communications should increase as outbreaks escalate. Field Offices and Ports should establish regular stakeholder briefings. CBP should assign at least one officer to attend port authority, state, and/or local briefings.

Port Closures

DFOs and Port directors should monitor avian influenza activity levels and **advise HQ** as to significant changes in high-risk travel through the ports and increased absenteeism. Whenever possible, prior to port closures, ports should notify their designated sister port(s) and activate the sister port SOPs in an effort to ensure critical workload needs are met.

ALL port closures must have approval by the Commissioner. Closures of ports can fall under three categories:

Selective Closure: Ports closed to incoming travelers and conveyances from countries with confirmed human-to-human transmission. All such travelers and conveyances will be denied entry or diverted to designated ports with CDC coverage.

International Air Travelers: All international flights would be denied landing rights and/or diverted to sites with CDC and other necessary resources.

Full Closure: Port is closed to all traffic including cargo per HQ based on extreme risk and threat to port, or as necessary to divert resources to areas of greatest need.

Port directors will activate local provisions for port closures within their COOPs if closures become necessary and are approved by the Commissioner. During a port closure, prior to shutting down a seized property vault (sealing the vault), the port will:

- Deposit all currency in a bank, if possible.
- Transfer non high-risk property to the contactor.

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- Place all narcotics in the most secure area of the vault. Verify video surveillance of this area.
- If possible, the vault video monitor will be located in a port 24-hour facility. Ensure all video recording equipment is operating normally. The monitor and recorders are to be checked daily. All vault recordings are to be saved; no vault recordings are to be recorded over.
- De-activate vault access codes for any personnel that have been transferred out of the area or who are unaccounted for. For vaults that have been sealed, the access codes for seized property personnel who are reporting for duty can remain in effect for when the vault is reopened.
- Notify the alarm monitoring facility that the vault has been sealed and verify that the alarms are active.
- When a vault has been sealed, request local law enforcement to provide additional drive-by patrols of the vault area, especially at night. If local law enforcement cannot assist with additional coverage, determine what additional abilities the port/ICE/Border Patrol may be able to offer, e.g., drive-bys conducted by outside guards, etc.

The reopening of closed vaults will require prior coordination with the Seized Property Department (SPD).

International Travelers and Baggage

Processing of Travelers

Screening (Air, Land, and Sea)

During CBP Processing, all PAU lookouts and other travelers from infected areas will be questioned regarding countries/regions visited and possible contacts with infected individuals.

CBPOs will assist CDC with passive and/or active surveillance for diseases that require quarantine by observing travelers for flu-like symptoms. This may include obtaining specific information from targeted travelers in an effort to determine the general health status of the traveler. CDC will provide CBP with passive and active screening guidelines.

If any symptoms are evident, refer to CDC Quarantine Officer or designee.

Disinfection: Immediately disinfect surfaces that have come in contact with potentially infected articles or individuals. Use Virkon or a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) for disinfection.

Once CDC or other designated medical personnel have cleared the travelers, normal CBP clearance protocols will be followed.

If no symptoms are evident, provide travelers with reporting instructions for subsequent illness. This material will be provided to the POEs.

Personal Protection and Safety

Mandate use of respirators and disposable gloves when processing travelers. Ensure local Musters include personal protection and safety instructions to protect CBP employees from exposure.

At airports and cruise terminals, facilitate "social distancing" by limiting the number of flights or persons in the FIS area at any time. This can be accomplished by holding travelers on the conveyance when predetermined maximum capacity has been reached.

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**Phase IV – First Wave, Global or North American Pandemic and
Phase V – Follow-on Waves, Global and North American Pandemic**

Continue all actions identified in Phases I, II, and III. Except: Avian Influenza Screening and other preventative measures taken in previous phases may be discontinued once there is an outbreak in humans in the United States. HQ-OFO will provide further guidance when preventative actions can be suspended.

Operations – OPS – HQ

When requested by the Assistant Commissioner, OFO, or the Executive Staff, OPS will coordinate with other offices within OFO to establish an OFO Emergency Operation Center (OFO-EOC). The number of staffing assigned to the OFO-EOC will depend on the size, nature, and/or complexity of the incident.

The OFO-EOC will coordinate with Field Offices and provide follow-up information, analyses, and reports as required by the Assistant Commissioner and Executive Staff.

The OFO-EOC will only handle the command functions related to the OFO. However, in order to coordinate an effective response while at the same time carrying out our own jurisdictional responsibilities, the OFO-EOC may be expanded into a unified CBP-EOC that incorporates the EOCs of other offices, such as OBP and AMO.

Mission Support – MS – HQ

MS- Financial Management will coordinate with the Office of Finance to establish project codes for all operational travel related to an outbreak. FRM Financial Management will coordinate with Field Offices, and the Office of Finance to ensure locations have adequate funding for travel overtime and equipment

MS (OFO) will provide guidance and parameters to OFO/Human Resources (OFO/HR) in order for OFO/HR to work with HQ Office of Human Resources to concur on an employee listing. For example, there may be a need for a listing by duty locations and/or state locations, or two duty location listings because a flight identified as being infected went from one airport to another or connecting flights were made.

MS- Logistics will be the conduit between the Field Offices and Office of Finance and Asset Management. MS- Logistics will work with the Field Offices to coordinate priorities and needs for a pandemic outbreak and assist in procuring supplies for OFO HQ and the Field Offices.

OPS- Logistics will provide guidance, support, and oversight for OFO in the areas of:

- Facility Planning;
- Fleet Management;
- Personal Property;
- Health and Safety;
- Web Communications;
- Information Technology; and
- OFO liaison to HRM-OSH.

OPS-Field Programs will work with the Field Offices to coordinate priorities and needs for a pandemic outbreak. FRM-Field Programs will provide guidance, support, and oversight for OFO in the areas of:

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CAP Management – Will monitor and provide oversight of OFO overtime nationwide. Based upon Port and FO communications, CAP waivers will be prepared and forwarded for Commissioner's review and concurrence.

OFO-Liaison to OHR-LER for Union and labor relations issues. LER will be contacted to discuss any changes to work conditions or assignments that may not be covered by NIAP.

Mission Support – MS – HQ

CBP Overtime and Scheduling System (COSS) – Within COSS, nationwide location codes will be established for the effort and linked to an operation-specific Cost Management Information System (CMIS) code in order to track expenses. Further, Field Offices and Ports will be instructed to enter these codes for all activities associated with the Pandemic operations, regular and overtime. Entry of a specific Project Code (established by the OF Finance Center) will also be required for all regular and OT tracking efforts. Any movement of personnel will require adjustment of pay control to temporarily gaining/permanently gaining FO/Port. This will be coordinated through HQ. OF Finance Center will also be contacted to ensure smooth transmission of pay for any deployed or relocated officers.

Cost Management Information System (CMIS) – Using cost-based accounting linked to COSS, CMIS tracks expenditures from national totals to very specific processes. An operation-specific CMIS Activity code will be established to link activities performed for the Pandemic efforts with COSS location codes in order to provide an accurate accounting of hours and dollars expended in the effort for both regular and overtime.

Funding Appeals – Funding appeals will be based upon the ability of the Field Offices to provide data linking expenditures to Pandemic efforts. Other avenues of funding (no-year, etc.) will be reviewed for options.

Operation – OPS – HQ

Privacy Act Branch – Work with HQ and Field Offices to track and provide responses to complaints generated by the public. This Unit will be apprised of the daily situation in order to react to any incoming correspondence referencing CBP's efforts.

Firearms and Uniforms – Any additional needs for supplies or garments will be coordinated from HQ through the Field Offices. Policy adjustments will also be made at HQ and provided to the Field Offices.

Personal Appearance Standards (PAS) – Ensure uniformity and guidelines for presentable and professional appearance is met. Any adjustments to PAS during this effort will be communicated through HQ to the Field Offices for release.

OPS - Training will notify HQ and the Field Offices of any suspension of nonessential training delivery. The delivery of training programs will be modified as needed to support and implement management decisions. The decisions to continue or cancel training delivery will be determined based on the National Training Plan that identifies and prioritizes training requirements. Adjustments to training programs and priorities will be made to align with the changing or emerging CBP requirements. Decisions to continue or cancel training delivery during a Pandemic will be determined by a course-by-course, case-by-case basis.

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Staffing

DFOs will assess staffing requirements to ensure operational control. Plan for the following contingencies:

- Closely monitor employee absenteeism and continue to report to OFO daily;
- Re-deploy staff as necessary to maintain operational control and sustain the critical missions;
- Implement Staffing Recovery Plan as necessary;
- Need to deploy staffing to clear travelers at designated alternate locations; and
- Selective closures of ports and redeployment of personnel.

Closely monitor employee absenteeism. Utilize daily reporting system to OFO. Track flu-related illness and report to CDC.

Activate previously developed Staffing Recovery Plan when staffing shortages become critical.

Port Closures

At this stage, DFOs may implement previously developed plans to close low volume ports in the event that staffing resources become severely limited or if required for disease exclusion. **Port closures must be approved by the Commissioner of CBP** and may be recommended by the CDC. Closures of land border ports will require coordination with Canadian and/or Mexican authorities. Port closures may require the assistance of CBP Border Patrol and state and local law enforcement to assist in sealing the crossing.

Personal Protection and Safety

Use of respirators and disposable gloves are mandatory during passenger processing and high-risk inspection of baggage and shipments;

Maintain hand wash supplies and ensure employees are following sanitizing protocols;

Employees should practice social distancing in all on-duty and off-duty activities to the greatest extent possible;

Limit the number of travelers in the clearance area at any given time by holding them on the arriving conveyance;

Telecommute and alternate work schedule policies may be recommended for low risk and non-mission critical personnel.

Screen employees and discourage those with illness from reporting to work.

International Travelers and Baggage

Once the outbreak reaches the pandemic stage, it is likely that medical surveillance and other disease exclusion efforts by CBP will be suspended. Continue actions outlined in previous phases until notified by HQ-OFO.

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Trade

Continue operations to exclude high-risk animals and animal products from outbreak countries.

Continue to expedite the clearance of critical medications, vaccines, medical supplies, and equipment in accordance with CBP policy. Continue to refer to the CPP Program/Process Priority Rating for guidance in suspension of commercial-related operations.

OFO HQ will undertake the following actions:

Brokers – OFO will notify DFOs and port directors to advise if certain brokers may be designated to handle the clearance and forwarding of international relief supplies.

C-TPAT Participants – OFO will work with stakeholders to determine what role C-TPAT participants will play during a pandemic event.

Communications Between the Federal Government and the Importing Community – OFO will work with stakeholders to determine the best course of action for communications with the importing community.

References on Avian Flu

MOU between The Department of Health and Human Services and the Department of Homeland Security. HHS/DHS MOU

Centers for Disease Control. Avian Flu. <http://www.cdc.gov/flu/avian/>

Centers for Disease Control. Interim Guidance for Protection of Persons Involved in U.S. Avian Influenza Outbreak Disease Control and Eradication Activities. <http://www.cdc.gov/flu/avian/professional/protect-guid.htm>

World Health Organization. Avian Flu FAQ's. http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/

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U.S. Customs and Border Protection

Office of Border Patrol



Operations Plan for

PANDEMIC RESPONSE

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**ANNEX III
OFFICE OF BORDER PATROL
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

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**ANNEX III
OFFICE OF BORDER PATROL
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

ORIGINATING OFFICE: OBP
DATE: SEPTEMBER 2007
SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

This operations plan is intended to provide guidance for U.S. Customs and Border Protection, Office of Border Patrol (OBP) in the implementation of specific measures to protect the nation as they correlate to the five threat phases for pandemic response.

SITUATION

CBP is the first line of our nation's defense against pandemic disease, both overseas and along our borders. It is likely that OBP personnel and their enforcement partners will encounter American citizens, foreign nationals, animals, animal products, and cross-contaminated products from areas with a high-risk of infection. In response to this threat, OBP must be prepared to maintain essential services, to include:

- Continue to secure our nation's borders;
- Stop, slow, or otherwise mitigate the spread of pandemic disease;
- Protect our workforce and the public; and
- Prevent the entry of terrorists and their weapons of terror.

This operations plan makes the following assumptions:

- A global outbreak of pandemic influenza may occur;
- A pandemic will likely come in waves and can occur at any time of year; and
- Early detection of a pandemic is possible and the spread can be mitigated.

Once a pandemic begins to spread, significant numbers of infected travelers and aliens will be searched, detained, transported, and housed pending removal or being turned over to medical authorities, having additional impact on OBP's ability to perform its mission. Due to the incubation characteristics of the pathogen and its ability to infect before the onset of symptoms, it is certain that OBP personnel, vehicles, and facilities will be exposed to and/or contaminated with these pathogens before the presence of the illness is detected. Depending on these levels of risk, adequate measures must be implemented to limit the exposure to infected individuals and potentially contaminated surfaces.

Illegal entries between ports of entry (POE) will continue and are likely to increase upon closure and/or restricted operations at POEs. A pandemic may trigger a mass migration to the United States along the land borders where there are better medical care and public health programs. Economic devastation in countries that are hard hit by the pandemic is another potential trigger for mass migration. Pandemic influenza is expected to create massive disruptions in travel and commerce, and may challenge the essential stability of governments and society. In spite of this, OBP must continue to carry out its priority mission to prevent the entry of terrorists and their weapons, regardless of the circumstances. To accomplish this, OBP will need to protect the workforce and maintain the ability to rapidly re-deploy resources.

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The availability of detention and isolation facilities and other support functions in the event of a pandemic threat is critical and will directly impact OBP Operations. Should Canada or Mexico begin to refuse Voluntary Returns of its citizens, OBP facilities will be rapidly overwhelmed. Additionally, the contamination of facilities and equipment may have a substantial impact on sustaining continuity of OBP operations.

During the first and flow-on waves of pandemic influenza, OBP will likely experience a substantial loss of personnel due to illness, absenteeism, and prioritized deployments in support of the National Response Plan (NRP).

ASSUMPTIONS

- Susceptibility to pandemic influenza virus will be universal;
- Sustained efficient human-to-human transmission will signal an imminent pandemic;
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic;
- The number of estimated hospitalizations and deaths may vary widely with different Phases.
- Rates of Border Patrol absenteeism will depend on the severity of the pandemic;
 - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak;
 - Certain public health measures and community mitigation strategies to include closing schools, social distancing, quarantining contacts of infected individuals, and other measures are likely to increase rates of absenteeism;
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days;
- In an affected community, a pandemic outbreak will last about six to eight weeks; and
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Border Patrol Specific Planning Assumptions

- The sheer volume of traffic and the difficulty of detecting a flu-like illness will pose significant challenges when using targeted screening measures in place at our borders;
- Border security measures will delay the spread of the pandemic, but will not stop it;
- OBP will play a major role in the interdiction of both commercial (smuggled) goods and of infected travelers;
- CDC will be quickly inundated with the arrival of incoming flights requiring isolation and quarantine;
- Department of State will ensure that protocols are in place regarding the status of employees stationed abroad, in the event of a pandemic;
- Immigration and Customs Enforcement/Detention and Removal Office (ICE/DRO) will be responsible for transporting and detaining any infected travelers/apprehensions;
- OBP will plan for the demand for medical detention space to exceed the surge capacity of ICE/DRO. As a result, OBP will explore alternative detention and transportation options;
- Once the virus is established within North America, workforce reductions will occur, affecting the ability of POEs to process both cargo and passengers and for the Border Patrol to maintain operational control of the border between the ports of entry;
- After a period of time, once the virus has crossed into North America, the borders will not serve as an effective barrier to the virus;

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- Many Americans will die from the virus, spreading fear and panic among the population, even including OBP employees;
- The southern border may experience mass migration as people seek medical attention, quickly straining infrastructure;
- Smugglers and terrorists will seize this opportunity to further their own interests; and
- Terrorists may attempt to utilize Highly Pathogenic Avian Influenza (HPAI) as a biological weapon against the United States, its allies, and/or its interests both foreign and domestic.

MISSION

We are the guardians of our nation's borders. We are America's frontline.

We safeguard the American homeland at and beyond our borders.

We protect the American public against terrorists and the instruments of terror.

We steadfastly enforce the laws of the United States while fostering our nation's economic security through lawful international trade and travel.

We serve the American public with vigilance, integrity, and professionalism.

OBP will protect the nation by sustaining the ability to perform the OBP mission and to support partner agencies and industries in the awareness, prevention, protection, response, and recovery of a national influenza pandemic. In addition, maintaining operational control of the border is a part of national critical infrastructure protection.

While OBP cannot prevent the global spread of pandemic influenza, OBP can help minimize the risk to its personnel and civilians, and possibly delay the spread to the United States or mitigate the severity of outbreaks, or both. More specifically, OBP in conjunction with partner agencies will implement layered, risk-based measures, including, but not limited to the screening, isolation, and quarantine of symptomatic persons. Additionally, OBP efforts must be undertaken collaboratively with other nations to extend our border outwards.

OBJECTIVES

- Ensure public safety and national security;
- Protect the health and safety of OBP personnel;
- Stop, slow, or otherwise limit the spread of a pandemic into and/or out of the United States;
- Prevent an imminent incident, including acts of Ag/Bio-terrorism using H5N1, from occurring;
- Remain vigilant to the possibility of terrorist planning and/or preparing to smuggle themselves and their weapons of terror into the United States during an outbreak of pandemic disease;
- Protect and restore critical OBP infrastructure and key resources;
- Work with federal, state, local, and tribal government partners and the private sector to coordinate interoperable response capabilities;
- Work with foreign governments to coordinate our actions and to extend the zone of security against the threat;
- Increase awareness through education and information dissemination; and
- Leverage technology and information/intelligence to target and prioritize operational efforts.

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EXECUTION

The Office of Border Patrol (OBP) Operations Plan for Pandemic Influenza (PI) is articulated within a framework of progressive threat levels or phases. Each phase contains preparedness and response requirements. Actions contained within each phase will overlap in many instances due to concurrent and multiple threats. This will facilitate a rapid, coordinated, and tailored response.

Each Sector will develop and implement a local operations plan in accordance with this national operations plan. These plans will:

- Have preplanned response sets addressing each phase;
- Be revised, amended, and annexed as design lessons are learned; and
- Disseminated to all management personnel.

Changes to the threat conditions/response phases and the implementation of Protective Measures will be made through the Office of the Commissioner in consultation with the Assistant Commissioner (AC) of the Office of Field Operations (OFO), the Chief, Office of Border Patrol (OBP), and other relevant offices within CBP. When appropriate, offices will coordinate the appropriate set of action steps with other agencies.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

The execution of this mission will be focused in six different mission areas as identified by the Department of Homeland Security. They are: Awareness, Prevention, Protection, Response, Recovery, and Continuity of Operations.

MISSION AREAS

Prevention: Activities involved in detecting, delaying, and mitigating pandemic influenza. These actions will be tiered according to the nature, location, and scale of an outbreak. They will allow for the activation of response plans *before* the arrival of a pandemic to the United States. OBP will aggressively adapt operations to meet the requests for assistance in accordance with the NRP while maintaining operational control of the border. Operational control of the border is considered a part of protecting the nation's critical infrastructure.

Protection: Efforts involving the safeguarding of our citizens, personnel, and infrastructure. These actions will be undertaken to ensure the continuation of critical services and maintaining control of the border.

Response: Coordination and management of the OBP response to address the direct effects of pandemic influenza by limiting the spread of an outbreak and mitigate the health, social, and economic impact.

Recovery: Efforts that will restore essential services after the lifespan of an outbreak.

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Continuity of Operations: Maintenance and restoration of essential and critical operations affected by the loss of essential personnel, including the implementation of prioritized actions to achieve a sustainable level of heightened response activities.

OBP is committed to maintaining operational strength throughout the lifespan of any pandemic crisis.

Preparedness Activities

During this phase Chief Patrol Agents will take action to mitigate the risk of introduction of the disease into the United States, and to prepare for successive phases.

Sectors will establish Pandemic Operational Plans in compliance with the CBP National Pandemic Operational Plan. OBP will ensure compliance with the National Pandemic Plan through audit and establishing performance measures.

All Sector Chief Patrol Agents and their staff will familiarize themselves and comply with the Memorandum of the Chief, Office of Border Patrol dated November 23, 2005, and the Memorandum of Understanding between the Department of Homeland Security and the Department of Health and Human Services (see attachment 6). This is to include the relevant operational guidelines attached to this memorandum. Additional guidelines are available in memoranda from the Assistant Commissioner of the Office of Field Operations dated April 7, 2006, "CBP Procedures for Handling Bird Importations" and the Chief of the Border Patrol dated October 18, 2005, "Interim Infectious Disease Guidelines."

OBP HQ, Sectors, and Stations will establish a liaison and POCs with the U.S. Department of Health and Human Services (HHS), CDC, U.S. Department of Agriculture (USDA), U.S. Department of Interior (DOI), U.S. Forestry Service (USFS), National Park Service (NPS), and any other partner agency in the fight against pandemic disease. Sectors will designate POCs for state and local law enforcement and fish and wildlife/game wardens. OBP HQ, Sectors and Stations will generate a liaison with any and all entities that are deemed critical partners in preparation of, response to, and recovery from pandemic disease.

Sectors will design and conduct Tabletop Exercises (TTX) in conjunction with DHS, Federal, state, local, and tribal pertinent agencies that cut across all levels of the organization. They will develop scenarios relevant to local operations and to both animal and human outbreak phases. Example phases are to be prepared and provided by CBP HQ as necessary. Additionally, they will involve appropriate stakeholders such as USDA, CDC, ICE, USCG, state and local law enforcement, and port authorities as appropriate. OBP will utilize tabletops to assess current preparedness and jointly develop local protocols and SOPs with stakeholders.

Sector and HQ personnel will participate in exercises conducted by other agencies. They will incorporate "lessons learned" and best practices into local procedures and report these to HQ.

OBP will apply a best practices and lessons learned strategy to develop operations planning and guidelines. Sectors will advise OBP HQ when improvements and lessons learned are discovered that improve the safety and effectiveness of agents in the field. OBP will disseminate this information to all Sectors. OBP will retain a library of best practices and lessons learned.

OBP Intelligence, Border Patrol Field Intelligence Center (BORFIC), and Sector Intelligence Units will research capabilities and limitations associated with the following intelligence activities:

- Research open source and classified reports of infections among animals;

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- Obtain information on organizations and individuals smuggling birds and their by-products into the United States;
- Obtain information on organizations and individuals that smuggle high-risk animals and their by-products into the United States;
- Create Collection Requirements such as identified species, regions, countries, legal and illegal trade routes, targeted smuggling organizations, Priority Intelligence Requirements (PIR), etc., that will facilitate the intent of this plan;
- Work jointly with all pertinent intelligence gathering agencies and sources to combat Bio/Ag-Terrorism within North America;
- Establish a liaison and designate POCs with federal, state, local, and tribal public health and AG agencies as is pertinent and necessary to fulfill this mission;
- Establish a liaison and designate POCs with any other pertinent intelligence gathering assets;
- Achieve these objectives utilizing established intelligence gathering and dissemination protocols;
- OBP agents will be apprised as the list of infected countries changes;
- Provide a list of high-risk countries with current animal outbreak that will be posted by Sectors in common viewing areas for employee reference;
- Every station and checkpoint operation will post this information in muster rooms, mailrooms, and in processing areas; and
- Analyze pandemic information and produce informational bulletins and lookouts. This information will be shared with OIOC/OINT/OTD to facilitate training.

Office of Training Development (OTD) is working jointly with OBP, CBP Safety and Occupational Health Branch, CDC, HHS, and other partner entities to generate H5N1 training for all OBP personnel. OBP will ensure that:

- All employees have completed all required Avian Influenza training such as the course entitled "Avian Influenza A (H5N1) Fundamentals Training – Part 1" which is available through the Virtual Learning Center. Specialized courses for target audiences are being developed. Record completion of all courses in TRAEN records;
- Ensure employee-training regimen includes proper use of Personal Protective Equipment, hygiene, sanitation, and disinfectants (reference Attachment 1- CBP Safety and Occupational Health Branch Job Hazard Analysis and PPE Assessment); and
- H5N1 information updates will be provided in daily musters.

OBP will communicate with union leadership and provide the status of the agency action plan.

OBP HQ, Sectors, and Stations will coordinate the implementation of prevention and decontamination protocols with CBP Safety and Occupational Health Branch. An accurate accounting of all available personal protection equipment (PPE) will be made. Appropriate measures will be taken to ensure all personnel likely to come in contact with high-risk persons, animals, and animal products will be provided the necessary PPE.

- Personal Protective Equipment (PPE) will include:
 - Disposable gloves made of lightweight nitrile or vinyl;
 - N-95 Respirators;
 - Goggles;
 - Protective Outer-clothing;
 - Alcohol Gel; and
 - Bleach.

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OBP will:

- Coordinate with Office of Field Operations to develop joint SOPs for handling and notifications of interdicted birds at OBP Checkpoint Operations (see Attachment 5);
- Verify that the Compliance Agreements are current and facilities are available for the destruction and disposal of high-risk animal products; and
- Develop/update SOPs for destruction and re-export of high-risk avian products in coordination with OFO and other partner agencies as appropriate.

OBP will establish vetting protocols for high-risk persons and animals that agents come into contact with during enforcement operations.

OBP will prepare a Telework Plan for as many personnel as possible without adversely affecting operational control.

Sectors will establish contact and designate a POC with the Center for Disease Control (CDC). As appropriate Sectors will coordinate pandemic contingency plans with U.S. Coast Guard, Immigration and Customs Enforcement (ICE), USDA Veterinary Services, USDA/APHIS/PPQ, local law enforcement, U.S. Fish and Wildlife, port authorities and other federal, state, and local officials and external stakeholders. A POC contact list will be added to all Sectors COOP plans.

OBP will review and re-evaluate existing Mass Migration Contingency Plans with relevant entities as it relates to the present and possible Phases.

Essential Personnel

As Sectors will be affected by the loss of essential personnel, Chief Patrol Agents will determine minimum staffing required to maintain operational control of the Border. In the event of catastrophic absenteeism, employees should be prepared to assist and/or replace officers trained in specific skill sets. Pandemic threat phases and operational necessities will be determining factors. CPAs should assess the critical operational responsibilities in each of their sectors for vulnerability due to:

- High employee absenteeism;
- Identifying minimum staffing requirements;
- Staffing consolidation plans;
- Prioritizing of tasks critical to the safety and security of the Homeland; and
- Developing plans to address assessed local shortfalls.

Staffing Recovery Plans

CPAs in concert with HQ OBP will develop Staffing Recovery Plans to maintain operations during multiple or continuous extended periods of absenteeism that may involve 30-50% of the work force and last for several months each. Plans may include suspension of non-mission critical activities, shift adjustments, re-deployment of local and office-wide assets, increased overtime, and cancellations of annual leave, training, and temporary details.

CPAs should assess local operations unique to their areas of responsibility for possible additional resource requirements. The following critical mission priorities must be used in determining what local personnel may be utilized to best meet objectives:

- Continuing to secure our nation's borders;
- Preventing the entry of terrorists and terrorist weapons;
- Slowing the spread and mitigating the consequences of a pandemic; and
- Protecting our workforce and the public.

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Additionally, managers should consider the ability to meet the following operational goals when prioritizing personnel:

- Target high-risk travelers between U.S. ports of entry (land, air, and sea) and at OBP Checkpoint Operations;
- Coordinate emergency procedures with all CBP offices, Department of Homeland Security (DHS) component agencies, as well as other local, state, federal, and tribal stakeholders;
- Maintain communications with HQ OBP to ensure effective leadership and guidance, and to ensure clear guidelines to those federal employees under the authority of CBP outside Washington, D.C., to include overseas locations;
- Provide HQ OBP management with next-step guidance based on the nature of the event; and
- Provide continuous situational awareness to HQ OBP to facilitate consultation with the Commissioner.

CPAs will communicate with the POCs of other government agencies (OGAs) to assess alternative staffing that may be implemented during an escalating pandemic.

CPAs will:

- Identify spokesperson and Subject Matter Expert(s) (SMEs) for media responses;
- Ensure that Sector PAO's distribute information materials (fact sheets, talking points, press releases) and update as environment changes in coordination with CBP PAO;
- Direct new avian influenza virus information to PAOs. PAOs will facilitate updates to avian influenza information on the CBP intranet, Internet, and the CBP Call Center;
- Ensure distribution/presentation of Avian Influenza musters, animal alerts, and other related reference materials to employees;
- Apprise Agents of changes in the list of infected countries changes. A list of high-risk countries with current animal outbreak will be posted at sectors, stations, checkpoints, and processing centers for employee reference; and
- Facilitate open communication with local CDC office to ensure timely dissemination of critical information to personnel.

Border Patrol Agents will heighten passive surveillance of detainees and crewmen for pandemic influenza concerns. Targets will be based on countries/regions visited, occupation, and other risk factors.

During processing, lookouts and other travelers from infected areas will be questioned regarding their possible contact with birds or any avian products outside the United States.

The following actions will be taken for aliens that have associated with live birds or raw avian products that originated in outbreak areas:

- Observe for flu-like symptoms (passive surveillance). CDC will provide OBP with passive screening guidelines. If any symptoms are evident, refer to CDC Quarantine Officer; and
- Create a Significant Incident Report (SIR) if the CDC determines that the person should be detained for quarantineable disease.

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The following actions will be taken for any aliens that have declared or are suspected of carrying birds or avian products from any country:

- If live birds are interdicted, contact USDA Veterinary Service POC immediately and follow the local SOP for detaining birds. OBP personnel should avoid any direct handling of live or dead birds; and
- All intelligence data will be documented on an FIR. Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols. Also submit a Significant Agriculture Incident Report (see attachment to CBP Contingency Plan) for these and other high profile agriculture seizures.

CPAs shall ensure that all personnel follow appropriate personal protection measures and have adequate supplies of Personal Protective Equipment (PPE) and disinfectant when handling high-risk avian influenza products and/or coming in contact with high-risk travelers. This should be done in conjunction with Safety and Occupational Health Manager (reference Attachment 1).

- Personal protective measures shall include:
 - Employees must be advised to wash their hands frequently with soap and water for 15 –20 seconds or use alcohol based hand cleaners. Hands should be washed immediately after handling any high-risk avian items;
 - Employees must follow respiratory hygiene/cough etiquette to minimize risk of exposure. This would include coughing into tissue or sleeve, not the hand. Dispose of tissue immediately;
 - Agents must wear disposable gloves during examination of animals or animal products. Gloves should be changed if torn or otherwise damaged. Remove and dispose of gloves promptly after use, before touching non-contaminated items and environmental surfaces;
 - Disposable particulate respirators (N-95) should be worn when interacting with high-risk detainees, especially those with observable symptoms. (Detainees with flu-like symptoms should also be given disposable respirators and requested to wear them. Dispose of all respirators immediately after use.);
 - Social distancing: When possible, maintain a distance of three feet or more from visibly sick individuals. This distance will provide some degree of protection; and
 - Immediately disinfect surfaces that have come in contact with potentially infected articles, animals, or humans. Use a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) for disinfection.

Protection of Canine Assets

As a precaution, CBP canines should not be exposed to raw poultry products beyond their detection ability. Precautions should be taken when purchasing poultry training aids. Communicate concerns to kennel staff. Guidance on detection and prevention of influenza in dogs can be found at: <http://www.diaglab.vet.cornell.edu/news.asp>.

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Phase I – Outbreak in Animals within North America

Continue all pertinent actions identified in previous phases.

A Priority Information Request will be generated by OBP when an outbreak of pandemic influenza has occurred in North America. All aliens will be questioned to their knowledge of infected animals and animal smuggling both inside and outside United States. All intelligence data will be documented on a Field Intelligence Report (FIR). Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols.

BORFIC in coordination with other appropriate intelligence entities will monitor at risk groups and behavior to identify key indicators and evaluate the spread of pandemic influenza.

Information received from DOI/APHIS/USDA and other partner tracking entities will be utilized in intelligence coordination, dissemination, and planning.

OBP will maintain open communication and coordination with Canada and Mexico through available mechanisms such as the Integrated Border Enforcement Teams (IBET), Mexican Liaison Units (MLU), Security and Prosperity Partnership (SPP), and Shared Border Accord.

PAO will develop materials (fact sheets, talking points, press releases) immediately covering as many phases as possible. This information will be distributed as the threat environment changes. Public Affairs (OPA) will monitor media activity. Sectors will identify a spokesperson and subject matter expert (SME) for media response as required and will defer to HQ for guidance and dissemination.

Sectors will coordinate with state, local, tribal, and federal law enforcement agencies, HHS, and other partner agencies as needed. This will be pursuant to the HHS-DHS-MOU.

OBP will designate isolation areas within every sector. OBP will designate contingency quarantine and isolation areas within every sector for animal products, animals, and persons per USDA/HHS guidelines.

OBP sectors will prepare and plan for detention/quarantine surge capacities in the event of failure of other alternatives.

OBP will implement animal and animal product handling and seizure guidelines. OBP will implement isolation procedures for high-risk animals. Refer to H5N1 hazard annex.

Mandatory use of PPE will be required around animals or in agricultural environments.

OBP will implement existing rapid response plans deploying assets to high-risk border regions and increasing operational tempo to ensure control in high-threat areas as identified by intelligence and operational needs.

Develop contingency staffing plans for successive phases that include the phase of rapidly escalating outbreaks and high employee absenteeism.

OBP will plan to closely monitor employee absenteeism during successive phases.

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Phase II – Sustained Human-to-Human Transmission Overseas

Continue all pertinent actions identified in previous phases.

A Priority Information Request will be generated by OBP when an outbreak of pandemic influenza has occurred in North America. All aliens will be questioned to their knowledge of infected animals and animal smuggling both inside and outside the United States. All intelligence data will be documented on a FIR. Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols.

OBP will apply a measured response at the sector level based on intelligence of a high-risk human and/or animal H5N1 threat attempting to gain entry into the United States within a region and/or sector's AOR.

OBP will support HHS/CDC in enforcement of Title 42 and Executive Order 13295 by performing such activities as observing detainees for influenza symptoms. Due to the limited duration in processing, all Mexican nationals who are granted a voluntary return to Mexico will be considered screened prior to exiting the United States.

People directly or indirectly originating from affected countries are at higher risk for infection. Therefore, CBP officers and Border Patrol agents will look for symptoms of the flu virus in travelers, which could lead to detention and evaluation by a CDC medical officer. There are two forms of disease surveillance: passive surveillance and active surveillance.

Passive Surveillance: Passive surveillance of persons coming into the United States from foreign countries consists of the recognition and reporting of overt visible signs of illness, including H5N1 influenza, or information about possible infection with H5N1 or another illness provided in the course of routine interactions with detainees or travelers. Passive surveillance does not involve the eliciting of a medical history or performance of a medical examination.

Border Patrol Agents may assist CDC in conducting passive surveillance. CDC will provide OBP personnel with a symptoms list for guidance about specific symptoms to look for in arriving passengers.

If a person appears to be symptomatic:

- Ask the individual about his/her history of travel outside of the country; and
- If the person's overt symptoms and travel history indicate that the person may have avian flu or another communicable or quarantinable disease, refer the person to the Quarantine Officer or other designated public health official at a port of entry.

Active Surveillance: Active surveillance may consist of a number of methods to assess the risk that people entering the United States from affected countries or regions are carrying a quarantinable disease. OBP may assist CDC in conducting active surveillance. Border Patrol Agents will make no medical determinations or decisions. CDC will ensure that a quarantine officer or designated official with public health training will be on site at ports of entry to evaluate any individual identified through active surveillance.

OBP will detain, through appropriate use of force when necessary, those travelers designated by CDC to be subject to a temporary detention order, isolation, or quarantine order.

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When an alien appears before a Border Patrol Agent and presents symptoms of H5N1 influenza, OBP will contact the nearest CDC quarantine station and, consistent with its guidelines and practices, and in accordance with applicable law, utilize operating procedures established to handle aliens arriving at ports of entry who have medical emergencies. (For additional information, please reference Attachment 6.)

As necessary and practicable to operational demands and at the direction of the Commissioner, OBP will assist quarantine officers, other CDC personnel, and CDC designees in enforcing quarantine rules and regulations; and OBP will detain, through appropriate use of force when necessary, those aliens designated by CDC to be subject to a temporary detention order, isolation, or quarantine order.

OBP, in accordance with its guidelines, directives, and applicable law, will halt and temporarily detain watercraft attempting irregular arrivals to the United States, and during such detentions OBP will additionally seek violations for the purpose of evading laws and regulations relating to the prevention of introduction of H5N1 Influenza into the United States.

CPAs may cancel leave and non-essential details in order to deploy assets as needed in each sector's AOR based on intelligence of a high-risk human and/or animal H5N1 threat. Sector Intelligence Units will support this by gathering information that identifies high-risk human and/or animal threats.

BORFIC, in coordination with other appropriate intelligence entities, will monitor at risk groups and behavior to identify key indicators and evaluate the spread of pandemic influenza.

OBP HQ will issue daily sit-reps regarding spread of disease.

OBP will implement infection protocols for alien isolation/detention/transportation, and designate isolation/quarantine areas within every sector.

OBP will implement decontamination protocols for personnel, facilities, and resources and mandate stringent health, safety, and sanitation protocols for all agents.

OBP will implement a voluntary airborne protection (masking) protocols for detainees.

OBP will review and update POCs with federal, state, and local agencies and external stakeholders. (Revise COOPs as appropriate.)

OBP will track rates of illness and absenteeism in employees.

OBP/CPAs will prepare to adjust staffing configuration and suspend non-critical functions and operations if a sharp increase in absenteeism and/or re-deployment of personnel to impacted areas diminishes operational control.

OBP will monitor, track, and notify local CDC of all agency employees who are conducting duties in the detention facility, or who are otherwise potentially exposed to reportedly ill persons.

When OBP personnel are potentially exposed to a reportedly ill person, OBP will provide the CDC with supervisory contact names and telephone numbers so the CDC may advise them appropriately.

CPAs, in cooperation with local CDC, ICE/DRO, and other partner agencies, will designate a quarantine/isolation site within each Sector when operationally feasible.

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Agents will heighten screening of travelers, aliens and vessel crews from countries with confirmed human outbreaks. Targeting will be based on countries/regions visited, occupation, purpose of travel, and other risk factors.

Aliens from infected areas will be questioned regarding countries/regions visited and possible contacts with infected individuals. At the direction of the Secretary of Homeland Security, Border Patrol Agents will assist CDC with passive and/or active surveillance for diseases that require quarantine by observing aliens for flu-like symptoms. This will include obtaining specific information from aliens in an effort to determine the general health status of the alien. CDC will provide OBP with passive and/or active screening guidelines. If any symptoms are evident, a referral to a CDC Quarantine Officer will be conducted.

A Situation Room report will be generated if the CDC determines an apprehended alien should be detained for quarantineable disease.

OBP will assist the CDC in the execution and enforcement of CDC-issued quarantine orders. Sectors may coordinate with state and local law enforcement to solicit additional assistance in the enforcement of the quarantine order(s).

OBP will consider recalling OBP assets from at risk countries.

OBP will detain, through appropriate use of force when necessary, those aliens designated by CDC to be subject to a temporary detention order, isolation, or quarantine order issued by CDC.

Consistent with OBP guidelines and directives, and applicable law, OBP will assist quarantine officers, other CDC personnel, and CDC designees in the enforcement of quarantine rules and regulations. CDC has jurisdiction over all persons arriving from foreign (foreign nationals, Lawful Permanent Residents (LPRs) and U.S. Citizens).

OBP will mandate use personal protection equipment (PPE) when processing aliens.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all pertinent actions identified in previous phases.

OBP will adjust staffing through suspension of non-essential details, canceled leave, extended shifts (12 hours), and an extended workweek (6 or 7 days) to recover from a pandemic induced reduction in workforce, including backfilling positions vacated due to illness and/or deployment to hot spots along the Border and/or diverted to an Emergency Support Function (ESF) under the National Response Plan (NRP).

OBP will implement existing rapid response plans for deploying assets to high-risk border regions and increasing operational tempo to ensure control in high-threat areas as identified by intelligence and operational needs, and to compensate for assets diverted to ESF under the NRP. This initially will likely include elements of BORTAC, BORSTAR, and Sector SRTs.

Sectors will monitor rates of infection within the workforce. CPAs will closely monitor employee absenteeism and track flu-related illness and report to CDC.

OBP will implement enhanced hygiene protocols, in addition to decontamination protocols for personnel, facilities, and resources. OBP will mandate use of PPE when processing aliens.

All aliens will be screened for symptoms of infection using all available technology, agent observation, interview, and questionnaires. OBP will begin using a travel data and illness questionnaire for all apprehended aliens. All intelligence data will be documented on a FIR.

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Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols.

OBP will begin isolating apprehended persons showing symptoms and implement infection protocols for alien isolation/detention/transportation.

Sector Intelligence Units (SIU) will engage Canadian/Mexican counterparts to assess levels or incidence of outbreak in bordering countries.

Phase IV – First Wave, Global or North America Pandemic

Continue all pertinent actions identified in previous phases.

OBP will identify and compensate for deployment of personnel to support Emergency Support Functions (ESF) without impacting operational control. Maintaining operational control of our Nation's Borders is a critical function and is a part of the critical infrastructure of the United States.

OBP will initiate rapid response into areas with confirmed or suspected incidences of infection as requested by DHS.

OBP will implement mandatory airborne protection (masking) protocols for detainees.

OBP will limit access to all facilities by nonessential personnel.

OBP will use other DHS law enforcement (LE) components to augment OBP personnel.

Phase V – Follow-on Waves, Global and North America Pandemic

Continue all pertinent actions identified in previous phases.

ADMINISTRATION/LOGISTICS

Requirements

Transport: Vehicles transporting sick persons is a problematic task that can be resolved through dedicated transport vehicles. These vehicles will have separate ventilation systems from the operator thus negating employee exposure through this means. In addition, having dedicated transport vehicles will prevent the exposure of detainees that are not showing symptoms.

Training: Training is an essential element in response and mitigation in a pandemic situation, and will be undertaken in coordination with the Office of Training and Development.

Subject matter experts will be consulted and a training plan and curriculum will be developed. All sworn employees will be trained.

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COMMAND/CONTROL

Chain of Command

The established chain of command will apply within OBP. All managers will be familiar with the communications protocols established by the National Response Plan and the HHS–DHS Memorandum of Understanding regarding serious communicable and quarantinable diseases. Managers will take appropriate measures to coordinate pertinent command and control issues per this memorandum and the guidelines provided in “HHS–DHS Operational Guidelines on preventing the Introduction of H5N1 Influenza into the United States.” Additionally, the pandemic situation is fluid and new policy changes may be forthcoming. Please become aware of current policy documents as they are published, this may change policy aspects of the aforementioned documents.

It should be noted that pursuant to Homeland Security Directive (HSPD) – 5 Management of Domestic Incidents, the Secretary of Homeland Security is responsible for coordinating federal operations to prepare for, respond to, and recover from major disasters and other emergencies, and is the “Principal Federal Official” for domestic incident management in a pandemic. This does not diminish the role or responsibility of the Department of Health and Human Services to provide leadership or coordination of health and medical issues and is consistent with the NRP and National Incident Management System (NIMS).

In addition, CBP has established Field Office and Sector Points of Contact regarding Pandemic Planning and these sources will be used to coordinate preparation and response to a threat of a pandemic. At the CBP Headquarters level, an Avian Flu Task Force has been established and is under the direction of the Executive Director of Traveler Security and Facilitation. This task force is responsible for the planning and coordination of the CBP response within the Agency.

COMMUNICATION/COORDINATION

In the event of influenza pandemic, the Office of Intelligence and Operations Coordination (OIOC) will:

- Coordinate all of CBP's multi-office operational response through the Commissioner's Situation Room and utilizing the Incident Management Coordination plan;
- Be the POC for communications requests for information from the National Operations Center (NOC), Inter-Agency Advisory Council (IAC), National Response Command Center (NRCC), and other federal agencies.

Bi-Annual Review

The Office of Border Patrol Pandemic Response Plan is subject to a bi-annual review.

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U.S. Customs and Border Protection

CBP Air and Marine



Operations Plan for

PANDEMIC RESPONSE

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**ANNEX IV
CBP AIR AND MARINE
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

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**ANNEX IV
OFFICE OF AIR AND MARINE
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

ORIGINATING OFFICE: CBP A&M
DATE: SEPTEMBER 2007
SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

This operations plan is intended to provide guidance for U.S. Customs and Border Protection, Air and Marine (A&M) in the implementation of specific measures to protect the nation as they correlate to the five threat phases for pandemic response.

SITUATION

CBP is the first line of our nation's defense against pandemic disease, both overseas and along our borders. It is likely that A&M personnel and their enforcement partners will encounter American citizens, foreign nationals, animals, animal products, and cross-contaminated products from areas with a high-risk of infection. In response to this threat, A&M must be prepared to maintain essential services, to include:

- Continue to secure our nation's borders;
- Stop, slow, or otherwise mitigate the spread of pandemic disease;
- Protect our workforce and the public; and
- Prevent the entry of terrorists and their weapons of terror.

This operations plan makes the following assumptions:

- A global outbreak of pandemic influenza may occur;
- A pandemic will likely come in waves and can occur at any time of year; and
- Early detection of a pandemic is possible and the spread can be mitigated.

Once a pandemic begins to spread, significant numbers of infected travelers and aliens will be searched, detained, transported, and housed pending removal or being turned over to medical authorities, having additional impact on A&M's ability to perform its mission. Due to the incubation characteristics of the pathogen and its ability to infect before the onset of symptoms, it is certain that A&M personnel, vehicles, and facilities will be exposed to and/or contaminated with these pathogens before the presence of the illness is detected. Depending on these levels of risk, adequate measures must be implemented to limit the exposure to infected individuals and potentially contaminated surfaces.

Illegal entries between ports of entry (POE) will continue and are likely to increase upon closure and/or restricted operations at POEs. A pandemic may trigger a mass migration to the United States along the land borders where there is better medical care and public health programs. Economic devastation in countries that are hard hit by the pandemic is another potential trigger for mass migration. Pandemic influenza is expected to create massive disruptions in travel and commerce, and may challenge the essential stability of governments and society. In spite of this, A&M must continue to carry out its priority mission to prevent the entry of terrorists and their weapons, regardless of the circumstances. To accomplish this, A&M will need to protect the workforce and maintain the ability to rapidly re-deploy resources.

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The availability of detention and isolation facilities and other support functions in the event of a pandemic threat is critical and will directly impact A&M Operations. Should Canada or Mexico begin to refuse Voluntary Returns of its citizens, A&M facilities will be rapidly overwhelmed. Additionally, the contamination of facilities and equipment may have a substantial impact on sustaining continuity of A&M operations.

During the first and flow-on waves of pandemic influenza, A&M will likely experience a substantial loss of personnel due to illness, absenteeism, and prioritized deployments in support of the National Response Plan (NRP).

ASSUMPTIONS

- Susceptibility to pandemic influenza virus will be universal;
- Sustained efficient human-to-human transmission will signal an imminent pandemic;
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic;
- The number of estimated hospitalizations and deaths may vary widely with different Phases;
- Rates of absenteeism will depend on the severity of the pandemic;
 - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak;
 - Certain public health measures and community mitigation strategies to include closing schools, social distancing, quarantining contacts of infected individuals, and other measures are likely to increase rates of absenteeism;
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days;
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks; and
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Air and Marine Specific Planning Assumptions

- The sheer volume of traffic and the difficulty of detecting a flu-like illness will pose significant challenges when using targeted screening measures in place at our borders;
- Border security measures will delay the spread of the pandemic, but will not stop it;
- A&M will play a major role in the interdiction of both commercial (smuggled) goods and of infected travelers;
- CDC will be quickly inundated with the arrival of incoming flights requiring isolation and quarantine;
- Department of State will ensure that protocols are in place regarding the status of employees stationed abroad, in the event of a pandemic;
- Immigration and Customs Enforcement/Detention and Removal Office (ICE/DRO) will be responsible for transporting and detaining any infected travelers/apprehensions;
- A&M will plan for the demand for medical detention space to exceed the surge capacity of ICE/DRO. As a result, A&M will explore alternative detention and transportation options;
- Once the virus is established within North America, workforce reductions will occur, affecting the ability of POEs to process both cargo and passengers and for the Air and Marine to maintain operational control of the border between the POEs;
- After a period of time, once the virus has crossed into North America, the borders will not serve as an effective barrier to the virus;

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- Many Americans will die from the virus, spreading fear and panic among the population, including A&M employees;
- The southern border may experience mass migration as people seek medical attention, quickly straining infrastructure;
- Smugglers and terrorists will seize this opportunity to further their own interests; and
- Terrorists may attempt to utilize Highly Pathogenic Avian Influenza (HPAI) as a biological weapon against the United States, its allies, and/or its interests both foreign and domestic.

MISSION

We are the guardians of our nation's borders. We are America's frontline.
 We safeguard the American homeland at and beyond our borders.
 We protect the American public against terrorists and the instruments of terror.
 We steadfastly enforce the laws of the United States while fostering our nation's economic security through lawful international trade and travel.
 We serve the American public with vigilance, integrity, and professionalism.

A&M will protect the nation by sustaining the ability to perform the A&M mission and to support partner agencies and industry in the awareness, prevention, protection, response, and recovery of a national influenza pandemic. In addition, maintaining operational control of the border is a part of national critical infrastructure protection.

While A&M cannot prevent the global spread of pandemic influenza, A&M can help minimize the risk to its personnel and civilians, and possibly delay the spread to the United States or mitigate the severity of outbreaks, or both. More specifically, A&M, in conjunction with partner agencies, will implement layered, risk-based measures, including, but not limited to the screening, isolation, and quarantine of symptomatic persons. Additionally, A&M efforts must be undertaken collaboratively with other nations to extend our border outwards.

OBJECTIVES

- Ensure public safety and national security;
- Protect the health and safety of A&M personnel;
- Stop, slow, or otherwise limit the spread of a pandemic into and/or out of the United States;
- Prevent an imminent incident, including acts of Ag/Bio-terrorism using H5N1, from occurring;
- Remain vigilant to the possibility of terrorist planning and/or preparing to smuggle themselves and their weapons of terror into the United States during an outbreak of pandemic disease;
- Protect and restore critical A&M infrastructure and key resources;
- Work with federal, state, local, and tribal government partners and the private sector to coordinate interoperable response capabilities;
- Work with foreign governments to coordinate our actions and to extend the zone of security against the threat;
- Increase awareness through education and information dissemination; and
- Leverage technology and information/intelligence to target and prioritize operational efforts.

EXECUTION

CBP Air and Marine (A&M) Operations Plan for Pandemic Influenza (PI) is articulated within a framework of progressive threat levels or phases. Each phase contains preparedness and

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response requirements. Actions contained within each phase will overlap in many instances due to concurrent and multiple threats. This will facilitate a rapid, coordinated, and tailored response.

Each Branch and Unit will develop and implement a local operations plan in accordance with this national operations plan. These plans will:

- Have preplanned response sets addressing each phase;
- Be revised, amended, and annexed as design lessons are learned; and
- Disseminated to all management personnel.

Changes to the threat conditions/response phases and the implementation of Protective Measures will be made through the Office of the Commissioner in consultation with the Assistant Commissioner (AC) of the Office of Field Operations (OFO), the Chief, Office of Border Patrol (OBP), CBP Air and Marine (A&M) and other relevant offices within CBP. When appropriate, offices will coordinate the appropriate set of action steps with other agencies.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

The execution of this mission will be focused in six different mission areas as identified by the Department of Homeland Security. They are: Awareness, Prevention, Protection, Response, Recovery, and Continuity of Operations.

MISSION AREAS

Prevention: Activities involved in detecting, delaying, and mitigating pandemic influenza. These actions will be tiered according to the nature, location, and scale of an outbreak. They will allow for the activation of response plans *before* the arrival of a pandemic to the United States. A&M will aggressively adapt operations to meet the requests for assistance in accordance with the NRP while maintaining operational control of the border. Operational control of the border is considered a part of protecting the nation's critical infrastructure.

Protection: Efforts involving the safeguarding of our citizens, personnel, and infrastructure. These actions will be undertaken to ensure the continuation of critical services and maintaining control of the border.

Response: Coordination and management of the A&M response to address the direct effects of pandemic influenza by limiting the spread of an outbreak and mitigate the health, social, and economic impact.

Recovery: Efforts that will restore essential services after the lifespan of an outbreak.

Continuity of Operations: Maintenance and restoration of essential and critical operations affected by the loss of essential personnel, including the implementation of prioritized actions to achieve a sustainable level of heightened response activities.

A&M is committed to maintaining operational strength throughout the lifespan of any pandemic crisis.

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Preparedness Activities

During this phase, Directors Air Operations/Directors Marine Operations will take action to mitigate the risk of introduction of the disease into the United States, and to prepare for successive phases.

Branches will establish Pandemic Operational Plans in compliance with the CBP National Pandemic Operational Plan. A&M will ensure compliance with the National Pandemic Plan through audit and establishing performance measures.

All Directors Air Operations/Directors Marine Operations and their staff will familiarize themselves and comply with the Memorandum of Understanding between the Department of Homeland Security and the Department of Health and Human Services. This is to include the relevant operational guidelines attached to this memorandum. Additional guidelines are available in memoranda from the Assistant Commissioner of the Office of Field Operations dated April 7, 2006, "CBP Procedures for Handling Bird Importations" (Attachment 5).

CBP A&M Headquarters will establish a liaison with partner agencies in the fight against pandemic disease. Air and Marine Branches will designate POCs for state and local law enforcement and fish and wildlife/game wardens. CBP A&M Headquarters will generate a liaison with any and all entities that are deemed critical partners in preparation of, response to, and recovery from pandemic disease.

Coastal Air and Marine Branches will design and conduct Tabletop Exercises (TTX) in conjunction with DHS, federal, state, local, and tribal pertinent agencies that cut across all levels of the organization. They will develop scenarios relevant to local operations and to both animal and human outbreak phases. Example phases are to be prepared and provided by CBP HQ as necessary. Additionally, they will involve appropriate stakeholders such as USDA, CDC, ICE, USCG, state and local law enforcement, and port authorities as appropriate. A&M will utilize tabletops to assess current preparedness and jointly develop local protocols and SOPs with stakeholders.

Headquarters personnel will participate in exercises conducted by other agencies. They will incorporate "lessons learned" and best practices into local procedures and report these to Headquarters.

A&M will apply a best practices and lessons learned strategy to develop operations planning and guidelines. Air and Marine Branches will advise A&M Headquarters when improvements and lessons learned are discovered that improve the safety and effectiveness of agents in the field. A&M will disseminate this information to all Branches.

HQ/AMOC A&M Intelligence, and A&M Branch Intelligence Units will research capabilities and limitations associated with the following intelligence activities:

- Research open source and classified reports of infections among animals;
- Obtain information on organizations and individuals smuggling birds and their by-products into the United States;
- Obtain information on organizations and individuals that smuggle high-risk animals and their by-products into the United States;
- Create Collection Requirements such as identified species, regions, countries, legal and illegal trade routes, targeted smuggling organizations, Priority Intelligence Requirements (PIR), etc., that will facilitate the intent of this plan;
- Work jointly with all pertinent intelligence gathering agencies and sources to combat Bio/Ag-Terrorism within North America;

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- Establish a liaison and designate POCs with federal, state, local, and tribal public health and AG agencies as is pertinent and necessary to fulfill this mission;
- Establish a liaison and designate POCs with any other pertinent intelligence gathering assets;
- Achieve these objectives utilizing established intelligence gathering and dissemination protocols;
- A&M agents will be apprised as the list of infected countries changes;
- Provide a list of high-risk countries with current animal outbreak that will be posted by Directors Air Operations/Directors Marine Operations in common viewing areas for employee reference;
- Every station and checkpoint operation will post this information in muster rooms, mailrooms, and in processing areas; and
- Analyze pandemic information and produce informational bulletins and lookouts. This information will be shared with OIOC/OTD to facilitate training.

Office of Training Development (OTD) is working jointly with A&M, CBP Safety and Occupational Health Branch, CDC, HHS, and other partner entities to generate H5N1 training for all A&M personnel. A&M will ensure that:

- All employees have completed all required Avian Influenza training such as the course entitled "Avian Influenza A (H5N1) Fundamentals Training – Part 1" which is available through the Virtual Learning Center. Specialized courses for target audiences are being developed. Record completion of all courses in TRAEN records.
- Ensure employee-training regimen includes proper use of Personal Protective Equipment, hygiene, sanitation, and disinfectants (Reference Attachment 1 CBP Safety and Occupational Health Branch Job Hazard Analysis and PPE Assessment).
- H5N1 information updates will be provided in daily musters.

A&M HQ, Branches, and Units will coordinate the implementation of prevention and decontamination protocols with CBP Occupational Safety and Health Division. An accurate accounting of all available personal protection equipment (PPE) will be made. Appropriate measures will be taken to ensure all personnel likely to come in contact with high-risk persons, animals, and animal products will be provided the necessary PPE.

- Personal Protective Equipment (PPE) will include:
 - Disposable gloves made of lightweight nitrile or vinyl;
 - N-95 Respirators;
 - Goggles;
 - Protective Outer-clothing;
 - Alcohol Gel; and
 - Bleach.

A&M will establish vetting protocols for high-risk persons and animals that agents come into contact with during enforcement operations.

A&M will prepare a Telework Plan for as many personnel as possible without adversely affecting operational control.

Branches will establish contact and designate a POC with the Center for Disease Control (CDC). As appropriate, Branches will coordinate pandemic contingency plans with U.S. Coast Guard, Immigration and Customs Enforcement (ICE), USDA Veterinary Services, USDA/APHIS/PPQ, local law enforcement, U.S. Fish and Wildlife, port authorities, and other federal, state, and local officials, and external stakeholders. A POC contact list will be added to all Branches COOP plans.

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A&M will review and re-evaluate existing Mass Migration Contingency Plans with relevant entities as it relates to the present and possible Phases.

Essential Personnel

As Branches and Units will be affected by the loss of essential personnel, Directors Air Operations/Directors Marine Operations will determine minimum staffing required to satisfy mission requirements. In the event of catastrophic absenteeism, employees should be prepared to assist and/or replace officers trained in specific skill sets. Pandemic threat phases and operational necessities will be determining factors. Directors Air Operations/Directors Marine Operations should assess the critical operational responsibilities in each of their Branches for vulnerability due to:

- High employee absenteeism;
- Identifying minimum staffing requirements;
- Staffing consolidation plans;
- Prioritizing of tasks critical to the safety and security of the Homeland; and
- Developing plans to address assessed local shortfalls.

Staffing Recovery Plans

Directors Air Operations/Directors Marine Operations in concert with A&M HQ will develop Staffing Recovery Plans to maintain operations during multiple or continuous extended periods of absenteeism that may involve 30-50% of the work force and last for several months each. Plans may include suspension of non-mission critical activities, shift adjustments, redeployment of local and office-wide assets, increased overtime, and cancellations of annual leave, training, and temporary details.

Field Directors should assess local operations unique to their areas of responsibility for possible additional resource requirements. The following critical mission priorities must be used in determining what local personnel may be utilized to best meet objectives:

- Continuing to secure our nation's borders;
- Preventing the entry of terrorists and terrorist weapons;
- Slowing the spread and mitigating the consequences of a pandemic; and
- Protecting our workforce and the public.

Additionally, managers should consider the ability to meet the following operational goals when prioritizing personnel:

- Target high-risk travelers between U.S. ports of entry (land, air, and sea);
- Coordinate emergency procedures with all CBP offices, Department of Homeland Security (DHS) component agencies, as well as other local, state, federal, and tribal stakeholders;
- Maintain communications with A&M HQ to ensure effective leadership and guidance, and to ensure clear guidelines to those federal employees under the authority of CBP outside Washington, D.C., to include overseas locations;
- Provide A&M HQ Leadership with next-step guidance based on the nature of the event; and
- Provide continuous situational awareness to A&M HQ to facilitate consultation with the Commissioner.

Directors Air Operations/Directors Marine Operations will communicate with the POCs of other government agencies (OGAs) to assess alternative staffing that may be implemented during an escalating pandemic.

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Directors Air Operations/Directors Marine Operations will:

- Identify spokesperson and Subject Matter Expert(s) (SMEs) for media responses;
- Ensure that Branch Supervisory Air Interdiction Agents (AIAs) distribute information materials (fact sheets, talking points, press releases) and update as environment changes in coordination with CBP PAO;
- Direct new avian influenza virus information to PAOs. PAOs will facilitate updates to avian influenza information on the CBP intranet, Internet, and the CBP Call Center;
- Ensure distribution/presentation of Avian Influenza musters, animal alerts, and other related reference materials to employees;
- Apprise employees of the list of infected countries changes. A list of high-risk countries with current animal outbreak will be posted for employee reference; and
- Facilitate open communication with local CDC office to ensure timely dissemination of critical information to personnel.

AIAs will heighten passive surveillance of detainees and crewmen for pandemic influenza concerns. Targets will be based on countries/regions visited, occupation, and other risk factors.

During interdiction operations, travelers from infected areas will be questioned regarding their possible contact with birds or any avian products outside the United States.

The following actions will be taken for aliens that have associated with live birds or raw avian products that originated in outbreak areas:

- Observe for flu-like symptoms (passive surveillance). CDC will provide CBP with passive screening guidelines. If any symptoms are evident, refer to CDC Quarantine Officer.
- Create a Significant Incident Report (SIR) if the CDC determines that the person should be detained for quarantineable disease.

The following actions will be taken for any aliens that have declared or are suspected of carrying birds or avian products from any country:

- If live birds are interdicted, contact USDA Veterinary Service POC immediately and follow the local SOP for detaining birds. A&M personnel should avoid any direct handling of live or dead birds.
- All intelligence data will be documented. Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols. Also submit a Significant Agriculture Incident Report (see attachment to CBP Contingency Plan) for these and other high profile agriculture seizures.

Directors Air Operations/Directors Marine Operations shall ensure that all personnel follow appropriate personal protection measures and have adequate supplies of Personal Protective Equipment (PPE) and disinfectant when handling high-risk avian influenza products and/or coming in contact with high-risk travelers. This should be done in conjunction with the Occupational Safety and Health Manager (reference Attachment 1).

- Personal protective measures shall include:
 - Employees must be advised to wash their hands frequently with soap and water for 15–20 seconds or use alcohol based hand cleaners. Hands should be washed immediately after handling any high-risk avian items;
 - Employees must follow respiratory hygiene/cough etiquette to minimize risk of exposure. This would include coughing into tissue or sleeve, not the hand. Dispose of tissue immediately;

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- Agents must wear disposable gloves during examination of animals or animal products. Gloves should be changed if torn or otherwise damaged. Remove and dispose of gloves promptly after use, before touching non-contaminated items and environmental surfaces;
- Disposable particulate respirators (N-95) should be worn when interacting with high-risk detainees, especially those with observable symptoms. (Detainees with flu-like symptoms should also be given disposable respirators and requested to wear them. Dispose of all respirators immediately after use);
- Social distancing: When possible, maintain a distance of 3 feet or more from visibly sick individuals. This distance will provide some degree of protection; and
- Immediately disinfect surfaces that have come in contact with potentially infected articles, animals, or humans. Use a bleach solution (¼ cup chlorine bleach with 1 gallon of cool water) for disinfection.

Phase I – Outbreak in Animals within North America

Continue all pertinent actions identified in previous phases.

A Priority Information Request will be generated by CBP when an outbreak of pandemic influenza has occurred in North America. All aliens will be questioned to their knowledge of infected animals and animal smuggling both inside and outside the United States. All intelligence data will be documented. Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols.

AMOC Intelligence in coordination with other appropriate intelligence entities will monitor at risk groups and behavior to identify key indicators and evaluate the spread of pandemic influenza.

Information received from DOI/APHIS/USDA and other partner tracking entities will be utilized in intelligence coordination, dissemination and planning.

CBP Air and Marine will maintain open communication and coordination with Canada and Mexico through available mechanisms such as Bahamian, Canadian, and Mexican Liaison Units (MLU) and A&M personnel assigned to the Information Analysis Center in Mexico City.

Office of Public Affairs (OPA) will develop materials (fact sheets, talking points, press releases) immediately covering as many phases as possible. This information will be distributed as the threat environment changes. Office of Public Affairs (OPA) will monitor media activity. Branches will identify a spokesperson and subject matter expert (SME) for media response as required and will defer to HQ for guidance and dissemination.

Branches will coordinate with state, local, tribal, and federal law enforcement agencies, HHS, and other partner agencies as needed. This will be pursuant to the HHS-DHS-MOU.

Office of the Border Patrol (OBP) will designate isolation areas within every sector. OBP will designate contingency quarantine and isolation areas within every sector for animal products, animals, and persons per USDA/HHS guidelines.

Mandatory use of PPE would be required around animals or in agricultural environments.

Headquarters A&M in conjunction with Directors Air Operations/Directors Marine Operations will develop contingency staffing plans for successive phases that include the phase of rapidly escalating outbreaks and high employee absenteeism.

A&M will plan to closely monitor employee absenteeism during successive phases.

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Phase II – Sustained Human-to-Human Transmission Overseas

Continue all pertinent actions identified in previous phases.

A Priority Information Request will be generated by CBP when an outbreak of pandemic influenza has occurred in North America. All aliens will be questioned to their knowledge of infected animals and animal smuggling both inside and outside the United States. All intelligence data will be documented. Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols.

A&M will apply a measured response at the sector level based on intelligence of a high-risk human and/or animal H5N1 threat attempting to gain entry into the United States within a region and/or sector's AOR.

A&M will support HHS/CDC in enforcement of Title 42 and Executive Order 13295 by performing such activities as observing detainees for influenza symptoms.

People directly or indirectly originating from affected countries are at higher risk for infection. Therefore, CBP officers and Air Interdiction Agents will look for symptoms of the flu virus in travelers, which could lead to detention and evaluation by a CDC medical officer. There are two forms of disease surveillance: passive surveillance and active surveillance.

Passive Surveillance: Passive surveillance of persons coming into the United States from foreign countries consists of the recognition and reporting of overt visible signs of illness, including H5N1 influenza, or information about possible infection with H5N1 or another illness provided in the course of routine interactions with detainees or travelers. Passive surveillance does not involve the eliciting of a medical history or performance of a medical examination.

Air Interdiction Agents may assist CDC in conducting passive surveillance. CDC will provide A&M personnel with a symptoms list for guidance about specific symptoms to look for in arriving passengers.

If a person appears to be symptomatic:

- Ask the individual about his/her history of travel outside of the country; and
- If the person's overt symptoms and travel history indicate that the person may have avian flu or another communicable or quarantinable disease, refer the person to the Quarantine Officer or other designated public health official at a Port of Entry.

Active Surveillance: Active surveillance may consist of a number of methods to assess the risk that people entering the United States from affected countries or regions are carrying a quarantinable disease. A&M may assist CDC in conducting active surveillance. Air Interdiction Agents will make no medical determinations or decisions. CDC will ensure that a quarantine officer or designated official with public health training will be on site at ports of entry to evaluate any individual identified through active surveillance.

A&M will detain, through appropriate use of force when necessary, those travelers designated by CDC to be subject to a temporary detention order, isolation, or quarantine order.

When an alien appears before an Air Interdiction Agent and presents symptoms of H5N1 influenza, A&M will contact the nearest CDC quarantine station and, consistent with its guidelines and practices, and in accordance with applicable law, utilize operating procedures established to handle aliens arriving at ports of entry who have medical emergencies (reference Attachment 6),

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As necessary and practicable to operational demands and at the direction of the Commissioner A&M will assist quarantine officers, other CDC personnel, and CDC designees in enforcing quarantine rules and regulations; and A&M will detain, through appropriate use of force when necessary, those aliens designated by CDC to be subject to a temporary detention order, isolation, or quarantine order.

A&M, in accordance with its guidelines, directives, and applicable law, will halt and temporarily detain watercraft attempting irregular arrivals to the United States and during such detentions, A&M will additionally seek violations for the purpose of evading laws and regulations relating to the prevention of introduction of H5N1 Influenza into the United States.

CPAs may cancel leave and non-essential details in order to deploy assets as needed in each sector's AOR based on intelligence of a high-risk human and/or animal H5N1 threat. Sector Intelligence Units will support this by gathering information that identifies high-risk human and/or animal threats.

BORFIC, in coordination with other appropriate intelligence entities, will monitor at risk groups and behavior to identify key indicators and evaluate the spread of pandemic influenza.

A&M HQ will issue daily sit-reps regarding spread of disease.

A&M will implement decontamination protocols for personnel, facilities, and resources and mandate stringent health, safety, and sanitation protocols for all agents.

A&M will implement voluntary airborne protection (masking) protocols for detainees.

A&M will review and update POCs with federal, state, and local agencies and external stakeholders. (Revise COOPs as appropriate.)

A&M will track rates of illness and absenteeism in employees.

A&M/Directors Air Operations/Directors Marine Operations will prepare to adjust staffing configuration and suspend non-critical functions and operations if a sharp increase in absenteeism and/or re-deployment of personnel to impacted areas diminishes operational control.

A&M will monitor, track, and notify local CDC of all agency employees who are conducting duties in the detention facility, or who are otherwise potentially exposed to reportedly ill persons.

When A&M personnel are potentially exposed to a reportedly ill person, A&M will provide the CDC with supervisory contact names and telephone numbers so the CDC may advise them appropriately.

CPAs, in cooperation with local CDC, ICE/DRO, and other partner agencies, will designate a quarantine/isolation site within each Sector when operationally feasible.

Agents will heighten screening of travelers, aliens and vessel and aircraft crews from countries with confirmed human outbreaks. Targeting will be based on countries/regions visited, occupation, purpose of travel, and other risk factors.

Aliens from infected areas will be questioned regarding countries/regions visited and possible contacts with infected individuals. At the direction of the Secretary of Homeland Security, Air and Marine Agents will assist CDC with passive and/or active surveillance for diseases that require quarantine by observing aliens for flu-like symptoms. This will include obtaining specific information from aliens in an effort to determine the general health status of the alien. CDC will

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provide A&M with passive and/or active screening guidelines. If any symptoms are evident, a referral to a CDC Quarantine Officer will be conducted.

A Situation Room report will be generated if the CDC determines an apprehended alien should be detained for quarantineable disease.

A&M will assist the CDC in the execution and enforcement of CDC-issued quarantine orders. Branches may coordinate with state and local law enforcement to solicit additional assistance in the enforcement of the quarantine order(s).

A&M will consider recalling A&M assets from at-risk countries.

A&M will detain, through appropriate use of force when necessary, those aliens designated by CDC to be subject to a temporary detention order, isolation, or quarantine order issued by CDC.

Consistent with the Air and Marine Aviation Operations Handbook, guidelines and directives, and applicable law, A&M will assist quarantine officers, other CDC personnel and CDC designees in the enforcement of quarantine rules and regulations. CDC has jurisdiction over all persons arriving from foreign (foreign nationals, Lawful Permanent Residents (LPRs), and U.S. Citizens).

A&M will mandate use of personal protection equipment (PPE) when processing aliens.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all pertinent actions identified in previous phases.

A&M will adjust staffing through suspension of non-essential details, canceled leave, extended shifts (12 hours), and an extended workweek (6 or 7 days) to recover from a pandemic induced reduction in workforce, including backfilling positions vacated due to illness and/or deployment to hot spots along the Border and/or diverted to an Emergency Support Function (ESF) under the National Response Plan (NRP).

A&M will implement existing plans for deploying assets to high-risk border regions and increasing operational tempo to ensure control in high-threat areas as identified by intelligence and operational needs, and to compensate for assets diverted to ESF under the NRP.

Air Branch Directors Air Operations/Directors Marine Operations will monitor rates of infection within the workforce. Directors Air Operations/Directors Marine Operations will closely monitor employee absenteeism and track flu-related illness and report to CDC.

A&M will implement enhanced hygiene protocols, in addition to decontamination protocols for personnel, facilities, and resources. A&M will mandate use of PPE when processing aliens.

All aliens will be screened for symptoms of infection using all available technology, agent observation, interview, and questionnaires. All intelligence data will be documented. Any actionable intelligence will also be documented within a Department of Homeland Security Intelligence Report (HSIR) as appropriate using HSIR protocols.

CBP Air and Marine will begin isolating apprehended persons showing symptoms and implement infection protocols for alien isolation/detention/transportation.

AMOC and Field Intelligence Units will engage Canadian/Mexican counterparts to assess levels or incidence of outbreak in bordering countries.

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Phase IV – First Wave, Global or North America Pandemic

Continue all pertinent actions identified in previous phases.

A&M will identify and compensate for deployment of personnel to support Emergency Support Functions (ESF) without impacting operational control. Maintaining operational control of our Nation's Borders is a critical function and is a part of the critical infrastructure of the United States.

A&M will initiate rapid response into areas with confirmed or suspected incidences of infection as requested by DHS.

A&M will implement mandatory airborne protection (masking) protocols for detainees.

A&M will limit access to all facilities by nonessential personnel.

A&M will use other DHS law enforcement (LE) components to augment Law Enforcement personnel.

Phase V – Follow-on Waves, Global and North America Pandemic

Continue all pertinent actions identified in previous phases.

ADMINISTRATION / LOGISTICS

Requirements

Mission Support Aircraft and Vessels

The Office of CBP Air and Marine shall identify all aircraft and vessels that can/cannot be used in recovery operations. Those aircraft /vessels that can be used must have the ability to be effectively disinfected. The identification of aircraft/vessels(s) will be accomplished prior to their use in compromised environments. For example, pressurized aircraft cannot be adequately disinfected and should not be identified for use in a compromised environment. Additionally, those aircraft/vessels with mission-essential sensitive/delicate aviation electronic equipment also should not be considered for use in a compromised environment if the disinfection procedures could potentially damage and or cause corrosion. Those aircraft/vessels that are chosen for use shall only use approved soaps and detergents as not to damage sensitive/delicate aviation electronics and air surfaces that may corrode or be damaged easily.

Transport: Transporting sick persons is a problematic task that can be resolved through the use of dedicated transport vehicles. These vehicles will have separate ventilation systems from the operator thus negating employee exposures through this means. In addition, having dedicated transport vehicles will prevent the exposure of detainees that are not showing symptoms.

Training

The Office of Training Development (OTD) is working jointly with Office of CBP Air and Marine, the Office of Human Resources Management Safety and Assistance for Employees (SAFE), the Center for Disease Control (CDC), the Department of Health and Human Services (HHS), and other partner entities to generate H5N1 training for all Office of CBP Air and Marine personnel. The DAO and the Headquarters Office of CBP Air and Marine management team shall acquire the appropriate knowledge base training from OTD in the area of Avian Influenza. This training

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should assist Office of CBP Air and Marine managers in pandemic planning, crisis, and consequence management.

The Director of Air Operations (DAO) will ensure that:

- All employees have completed all required Avian Influenza training such as the course entitled "Avian Influenza A (H5N1) Fundamentals Training – Part 1" which is available through the Virtual Learning Center.
- Ensure employee-training regimen includes proper use of Personal Protective Equipment (PPE), hygiene, sanitation, and disinfectants.
- H5N1 information updates will be provided in daily musters.
- CBP Air and Marine aircrews, marine crews, and any maintenance contractor(s) who potentially encounter dead birds and/or live animals in a foreign country.

CBP Respiratory Protection Training (Video TRAEN Code 132706) will be provided for all personnel who are identified for mandatory use respirators and have been fit tested and cleared for respirator use. Personnel wearing N95 respirators strictly for prevention of human-to-human influenza transmission will be provided training and fit testing as resources become available. As a minimum, personnel wearing N95 respirators will be instructed on proper use of the respirator and user seal checks. The DAO is responsible for ensuring that all affected personnel receive training on the proper use of PPE and general/specific precautions outlined in this SOP. The local CBP Area Occupational Safety and Health Manager can also be used for consultation for training advice on disinfecting procedures.

COMMAND / CONTROL

Chain of Command

The established chain of command will apply within A&M. All managers will be familiar with the communications protocols established by the National Response Plan and the HHS–DHS Memorandum of Understanding regarding serious communicable and quarantinable diseases. Managers will take appropriate measures to coordinate pertinent command and control issues per this plan and the guidelines provided in "HHS-DHS Operational Guidelines on preventing the Introduction of H5N1 Influenza into the United States." Additionally, the pandemic situation is fluid and new policy changes may be forthcoming. Please become aware of current policy documents as they are published, this may change policy aspects of the aforementioned documents.

It should be noted that pursuant to Homeland Security Directive (HSPD) – 5 Management of Domestic Incidents, the Secretary of Homeland Security is responsible for coordinating federal operations to prepare for, respond to, and recover from major disasters and other emergencies, and is the "Principal Federal Official" for domestic incident management in a pandemic. This does not diminish the role or responsibility of the Department of Health and Human Services to provide leadership or coordination of health and medical issues and is consistent with the NRP and National Incident Management system (NIMS).

In addition, CBP has established Field Office and Sector Points of Contact regarding Pandemic Planning and these sources will be used to coordinate preparation and response to a threat of a pandemic. At the CBP Headquarters level, an Avian Flu Task Force has been established and is under the direction of the Executive Director of Traveler Security and Facilitation. This task force is responsible for the planning and coordination of the CBP response within the Agency.

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COMMUNICATION / COORDINATION

In the event of influenza pandemic, the Office of Intelligence and Operations Coordination (OIOC) will:

- Coordinate all of CBP's multi-office operational response through the Commissioner's Situation Room and utilizing the Incident Management Coordination plan; and
- Be the POC for communications requests for information from the National Operations Center (NOC), Inter-Agency Advisory Council (IAC), National Response Command Center (NRCC), and other federal agencies.

Bi-Annual Review

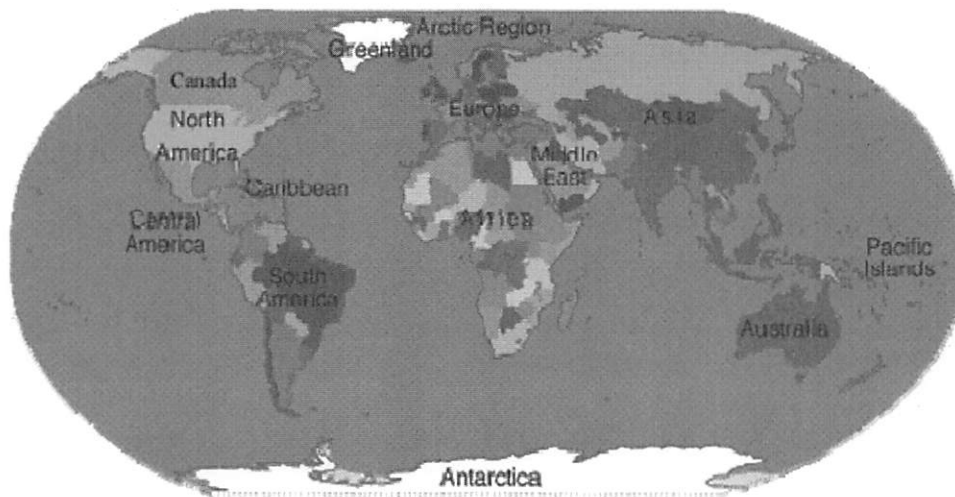
The CBP Air and Marine Pandemic Response Plan is subject to a bi-annual review.

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U.S. Customs and Border Protection

Office of International Affairs and Trade Relations



Operations Plan for PANDEMIC RESPONSE

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ANNEX V

OFFICE OF INTERNATIONAL AFFAIRS AND TRADE RELATIONS OPERATIONS PLAN FOR PANDEMIC RESPONSE

ORIGINATING OFFICE: INATR

DATE: SEPTEMBER 2007

SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

The basic implementation plan seeks to develop agency-wide operational guidelines and establish chain of command protocols for implementation by U.S. Customs and Border Protection (CBP) offices overseas in addressing the possibility of an avian flu outbreak overseas. Our goal is not to develop a blanket or cookie cutter approach, but to encourage each office to work directly with the Chief of Mission (COM) to ensure that all priorities and concerns are addressed at the local level. In addition, each office should be able to adapt these basic steps to meet their specific operational needs.

The Department of State (DOS) has the key role in establishing the basic policies and procedures to be followed by all U.S. Government (USG) employees overseas. However, we want to identify important, specific activities we can do now to prepare and assist our employees and DOS in planning and executing specific components of the operational plans as they roll out.

Finally, because of the unique nature of international work, we have tried to provide some basic guidance for Headquarters personnel who must continue to support the agency's international mission and priorities.

SITUATION

U.S. Customs and Border Protection (CBP) Officers are assigned either permanently or temporarily to foreign locations. The majority of our employees are assigned to work at Pre-clearance facilities, Container Security Initiative seaports, and Immigration Advisory Program airports. There has been an increased growth of CBP employees and eligible family members assigned to locations in East Asia and Pacific region, which is a likely origin for an outbreak of H5N1 or other pandemic.

Employees working in frontline areas examining cargo and clearing the traveling public for entry into the United States need to be protected from viruses. This will ensure they can effectively conduct surveillance of cargo, passengers, etc., in an effort to prevent transmission of avian flu from overseas locations to U.S. ports of entry. In addition, these employees will be able to continue to provide advance information on suspect travelers and cargo shipments to CBP domestic operations as well as the Centers for Disease Control and Prevention (CDC).

Following the President's National Strategy for Pandemic Influenza, the Department of Homeland Security (DHS) and its organizational components have a key role in addressing the possibility of a pandemic outbreak at overseas offices staffed with DHS personnel and their dependants. Chiefs of Mission have operational and administrative oversight of all federal entities stationed in the nation. Nonetheless, it is our goal to develop a proactive approach to the matter of a possible pandemic affecting CBP and DHS personnel and their dependents, working with our overseas partner, the Department of State.

U.S. Customs and Border Protection is the majority representation of DHS' overseas footprint (approximately 60%). We interact closely with Citizenship and Immigration Services (CIS), and

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Immigration and Customs Enforcement (ICE) – in many cases sharing office space and administrative resources. Many of the ICE Attachés provide direct support to CSI ports where CBP has not yet deployed CBP Attachés or Representatives. As a result, the Office of International Affairs and Trade Relations (INATR) took the initiative to develop an action plan that reflects a multi-agency approach to a possible pandemic. This plan was reviewed by the International Affairs elements of CIS and ICE as well as their Safety and National Incident Response Unit personnel to assist CBP in developing a coordinated, multi-lateral document with wide application to DHS international entities.

BASIC ASSUMPTIONS AND CONSTRAINTS

In addition to the assumptions contained in CBP's Operations Plan for Pandemic Response, INATR has identified the following assumptions and constraints that are specific to overseas employees.

1. The Department of State will ensure that protocols are in place regarding the status of employees stationed abroad.
2. The Department of State will not authorize or order evacuations for overseas employees and dependents to return to the United States.
3. DHS overseas employees and dependents will have to shelter in place.
4. DHS overseas entities will be required to maintain essential or critical services.
5. The U.S. Government may seek to impose severe travel restrictions preventing the backfill of critical overseas DHS functions.
6. The Offices of Field Operations and Border Patrol will manage continuity of operations/mission responsibilities of their overseas personnel with assistance from INATR on navigating Embassy and Consulate pandemic protocols.
7. The Office of International Affairs and Trade Relations CBP Attachés and Representatives will be designated essential personnel at Missions and INATR Headquarters must support the Attachés and Representatives through pandemic waves.

The primary constraint to DHS overseas operations is our responsibilities under Chief of Mission authority. The Foreign Service Act of 1980 and the President's Letter of Instruction (most current version dated June 30, 2003) states that the Chief of Mission to a foreign country is assigned full responsibility for the direction, coordination, and supervision of all USG executive branch employees and executive branch activities and operations in a foreign country. All DHS personnel located in a foreign country serve under this authority¹. We cannot, therefore, make unilateral decisions on actions we plan to take without first considering the impact to the Chief of Mission. For example, CBP overseas employees, contrary to CBP policy, may be prohibited from using personal protective equipment (PPE) by the Chief of Mission due to other U.S. foreign policy issues unrelated to CBP's mission.

EXECUTION

PROCESS

The process will vary from country to country because the nation's systems are unique to its particular culture, even though portions of the overall implementation plan will be the same. Thus, each overseas office must review its Continuity of Operations (COOP) plan to develop local Standard Operating Procedures to include, but not limited to, the elements and roles and responsibilities outlined below:

¹ There is an exception for those assigned to the command of a U.S. area military commander, such as certain U.S. Coast Guard personnel and a limited number of CBP employees assigned to the Iraq Reconstruction Project. In this instance, these employees will follow U.S. area military command protocols, but should also maintain awareness of guidance provided in CBP's operations plan.

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- Develop a list of POCs for all USG counterparts including office, home, and cellular numbers.
- Develop phone trees with staff as well as counterparts.
- Identify critical personnel/functions and develop a list for both headquarters and overseas locations.

ROLES AND RESPONSIBILITIES

The Assistant Commissioner, Office of International Affairs and Trade Relations (AC/INATR), is responsible for managing CBP's international strategy and maintaining communications and coordination with foreign officials and the Department of State in the event of a pandemic. The AC/INATR will advise the Commissioner and other senior CBP operational officials on international matters related to a pandemic.

As specified in the CBP Operations Response Plan for Pandemic Response, the AC/INATR has been designated responsibility for maintaining communication and coordination with foreign officials, as appropriate, through the Mexican and Canadian Liaison Units to exchange and to support cross-border enforcement operations. In addition, INATR will maintain a current point of contact list for foreign military and law enforcement officials and American Consular Officers for use at all subsequent threat phases.

The Assistant Commissioner, INATR, has designated the Director, Administration and Program Support Division, as the lead in coordinating INATR's pandemic planning to include serving on the CBP Avian Influenza Executive Committee. The Director, APSD, has identified the International Administrative Services Branch and the Planning and Evaluation Branch as the team responsible for supporting the Director, APSD, with executing the office's pandemic plan. The Director, APSD and the International Administrative Services Branch will serve as the liaison point of contact with the Department of State for CBP operational offices on administrative matters related to a pandemic as needed. In addition, the International Administrative Services Branch will serve as INATR's representative to the CBP Avian Influenza Working Group.

The Assistant Commissioner, INATR, has designated the Director, Policy and Programs Division, as the lead in coordinating pandemic policy discussions with foreign counterparts through such mechanisms as the Security and Prosperity Partnership of North America, the World Customs Organizations, and others as necessary.

The Department of Homeland Security, Office of International Affairs, has designated senior USG representatives (also know as the DHS Attaché) in many overseas locations that have the overall responsibility for communication and collaboration with the COM for DHS organizations in those locations where there is a multi-DHS presence. With this in mind, CBP overseas offices must ensure they include the DHS Attaché in their local plans. The DHS Attaché will likely have the following responsibilities:

- Account for every employee and provide direction based on the COM instructions.
- Establish a phone tree for DHS employees and dependents and ensure all DHS elements in country know who their points of contact are.
- Maintain a list of POCs for the various DHS HQs entities that need to be notified in the event of an authorized or ordered evacuation.
- Share best practices with all DHS entities at post.
- Ensure timely dissemination of all communications from the COM.
- Communicate to and educate DHS personnel.
- Evaluate access and availability of health care with COM.
- Identify employees/family members with special needs and plan for it.

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PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

The Office of International Affairs and Trade Relations will follow the same planning phase descriptions contained in the CBP Operations Plan for Pandemic Response.

PREPAREDNESS ACTIVITIES

Triggers: All actions are for immediate action.

The Office of International Affairs and Trade Relations cannot afford to sit back and use this steady state as an opportunity to focus only on preparedness for something that may eventually impact the United States. The reality is that as of July 25, 2007, there have been 319 reported cases of avian flu in humans and of these, 192 have resulted in death. The vast majority of these cases have occurred in Asia; namely, Cambodia, China, Indonesia, Thailand, and Viet Nam². CBP has more than 75 employees serving in Asia. At least 30 of these are serving in China, Indonesia, and Thailand. Most are working in remote locations, meaning they are not co-located with an Embassy or Consulate. DHS organizational entities have a combined workforce of 90 positions in the current hot zones of Cambodia, China, Indonesia, Thailand, Turkey, and Viet Nam³. In addition, CBP and other DHS international entities travel frequently throughout Asia on business with international organizations and foreign counterparts. Consequently, our preparations are more pressing and current.

Concurrently with the development of this implementation plan, INATR developed three Standard Operating Procedure (SOP) manuals for three specific audiences. The manuals were distributed in December 2006 and January 2007. These SOP manuals are living documents that are updated as needed. The SOP manuals are populated with many of the actions described below. A full list of contents is contained at the end of INATR's operations plan. The three audiences for these SOP manuals are:

1. INATR senior managers in Headquarters;
2. CBP Overseas employees – copies were provided to OFO for distribution to Pre-clearance, IAP, and CSI locations; and
3. INATR Headquarters employees.

Protecting Health of Employees

INATR developed Avian Flu Health and Safety Guidance to include:

- Signs and Symptoms:
 - Modes of Transmission;
 - Hygiene/Sanitary Measures;
 - Coughing/Sneezing Etiquette;
 - Shelter-in-Place;
 - At-home care of ill employees and family members;

² World Health Organization report on "Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO dated July 25, 2007.

³ DHS Overseas Billet dated August 2005.

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- Authorized/Ordered Evacuation Guidance; and
- Checklist for establishing local plan w/due date for return to HQs.

INATR will encourage the creation or update of Emergency Kits both at work and home for domestic and international employees. We provided guidance in the SOP manuals described above on what to include in emergency kits. This information is widely available on CDC and World Health Organization (WHO) Web sites.

INATR will anticipate a certain amount of fear and anxiety among employees and plan regular situation reports to all INATR employees.

INATR will ensure employees receive, and encourage review of, all guidance provided by elements dealing with Headquarters action plans, such as Public Affairs, Training and Development, Safety, and Health.

INATR will work with operational elements of CBP and the Office of Medical Services, DOS, on the procurement and shipping of Personal Protective Equipment.

INATR will develop and issue a transmission to all diplomatic and consular posts (ALDAC) on CBP's use of PPE. INATR will coordinate the transmission with CBP operational elements and DOS stakeholders, such as Medical Service, Consular Affairs, Regional Desks, etc.

INATR has provided operational elements, such as the Office of Field Operations, with SOP guidance on possible evacuations from remote CSI ports to the Embassy/Consulate if determined to be necessary by the Chief of Mission to ensure the safety and security of U.S. Government employees and dependents.

INATR has verified the inclusion of all CBP employees in the Embassy/Consulate Emergency Action Plans. INATR will periodically review these plans.

INATR has verified the inclusion of all CBP overseas employees in the Embassy/Consulate medication (anti-viral and vaccine) distribution plans. CBP provided DOS with funding for anti-viral medications through the International Cooperative Administrative Support Services (ICASS) mechanism. While DOS Office of Medical Services has the final decision as to who at post will receive anti-viral medications or vaccines, INATR will continue to advocate with State to ensure the role our employees play overseas is mission critical and therefore worthy of inclusion in any distribution plan.

CBP employees who are co-located with an Embassy or Consulate are required to attend Mission briefings for American and Locally Engaged Staff (LES) employees and dependents. Employees are required to report back to their HQs POC with any update on the Embassy's action plan. CBP Attachés and Representatives must brief remotely located CBP employees on the results of these meetings.

A representative of overseas employees remotely located from Embassy or Consulate should travel to attend Mission briefings/Town Hall meeting for American and LES employees and dependents. This individual must brief employees at their remote location on the results of that meeting.

CBP Attachés and Representatives will communicate with the post Regional Medical Officer or Nurse Practitioner to understand the capabilities of local healthcare providers in responding to an outbreak or pandemic.

INATR will encourage overseas employees and dependents to maintain a list of local medical contacts. Those contacts will include both doctors and hospitals.

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CBP employees who are not co-located with an Embassy or Consulate should identify local hospitals and health care providers and request the Embassy or Consulate (through their CBP Attaché, ICE Attaché, or other Embassy POC) explore establishing a contract or agreement between the Embassy and hospital for services for employees and dependants.

CBP Attachés and Representatives are encouraged to research and identify delivery services for groceries and other essential items to residences to be implemented at later threat levels.

Employees will be encouraged to determine who from their child's school (if other than Embassy) will declare a health emergency and ensure that the school has up-to-date contact information for the employee.

Employees will be encouraged to determine if their child's school has Web-based instruction or alternative methods for continuing education of children required to remain at home in the event of a pandemic.

Employees will be encouraged to determine if school has set up policies on sick leave unique to a pandemic (e.g., non-punitive, liberal, mandatory).

Maintaining Essential Functions and Services

INATR will ensure a list of high-risk countries with current outbreak status is provided to overseas employees as needed.

INATR required all INATR employees to complete the CBP online Avian Influenza Fundamentals course available through the Virtual Learning Center.

INATR will disseminate flu videos, muster modules, and job aids issued by the Office of Training and Development or Office of Field Operations to HQs and field personnel, as needed for specific employment roles.

CBP Attachés and Representatives will notify appropriate Embassy/Consulate officials, INATR Desk Officers and the Commissioner's Situation Room of potentially infected animals, products, or persons departing from foreign locations for the United States.

CBP Attachés and Representatives will maintain close communication with Desk Officers or other HQs points of contact and Chiefs of Mission on operational readiness.

INATR will encourage the use of the annual influenza vaccine.

INATR will enforce travel restrictions; namely, that no employee may travel internationally without an approved country clearance.

Maintain and update regularly a point of contact notification list for use at all subsequent Threat Conditions.

INATR will maintain open communication and coordination with Mexico and Canada through available mechanisms such as the Security and Prosperity Partnership (SPP) and Shared Border Accord.

CBP Attachés and Representatives will maintain communication and coordination with host nation counterparts; update contact lists for counterparts, American Consular Officers, and American Medical Officers.

INATR Division Directors will be required to determine minimum staffing requirements to maintain continuity of operations in INATR.

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INATR will maintain roster of former employees who may be called up on a contractual basis through existing contract vehicles to ensure that mission essential functions are fulfilled.

INATR will follow guidance provided by Office of Human Resource Management (OHRM) on leave administration in a pandemic.

INATR will follow guidance provided by OHRM on alternate work schedules, staggered shifts, and telecommuting to minimize gathering of employees during higher threat levels.

INATR has provided HQs essential personnel with docking stations or laptops so they can work from home during high threat levels.

If DOS authorizes or orders evacuations, CBP Attachés and Representatives will be required to safe haven in Washington, D.C., and report to work for the Director, Policy and Programs Division, INATR. Dependents are not required to safe haven in Washington, D.C., but may select an alternative safe haven location in accordance with Department of State, Standardized Regulations, Government Civilians, Foreign Areas (DSSR).

INATR confirmed in FY06 that all CSI permanent overseas personnel authorized or ordered to evacuate to the United States will be employed at the National Targeting Center until allowed to return to their overseas assignment. This policy should be reviewed by the Executive Director, Container Security Initiative Division, Office of Field Operations, regularly for continued applicability.

INATR will confirm that employees recalled to the Embassy from remote locations will receive Extraordinary Quarters Allowances or some other type of living allowance.

Supporting the Federal Response and States and Communities

INATR will update personnel on CDC and WHO requests for assistance as necessary.

INATR will encourage CBP Attachés and Representatives to contact host nation counterparts to determine prevention guidelines being established in locations where DHS employees are co-located with their foreign counterparts (such as CSI ports, Interpol, task force groups).

INATR will encourage overseas employees to determine what support, if any, DHS employees can provide in local community such as Embassy community or host nation community.

INATR will encourage all elements to share best practices with host nation counterparts.

Communicating to Stakeholders

The Offices of International Affairs, whether at CBP, CIS, ICE, Transportation Security Administration, etc., have many of the same stakeholders and it is critical to identify them and determine who will be the primary interlocutor with that stakeholder.

Primary stakeholders for any communications plan to be established by CBP/INATR must include Headquarters employees and managers, CBP Attachés and Representatives, Chiefs of Mission, the Department of State, other CBP elements, as well as Office of International Affairs at the Department of Homeland Security, CIS, and ICE.

Some of the mechanisms that CBP/INATR has for communicating with stakeholders are the INATR Spotlight, CBPnet, cables, issues papers for management, brochures/pamphlets, e-mail, and voice communications.

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It is critical that INATR develop and update communications plans to include:

- Key contacts (with backups);
- Chains of Communication (primary and backup); and
- Build in redundancies (phone/e-mail).

INATR will develop a process for tracking and communicating business and employee status.

INATR will notify operational elements, as needed, of any known travel restrictions imposed by Embassies or Consulates.

Phase I – Outbreak in Animals within North America

Triggers: Significant Outbreak in an animal population as determined by CDC and/or WHO.

INATR will continue all pertinent actions identified in previous threat levels. In addition, the following actions will be taken:

INATR will issue informational notices via e-mail and INATR Spotlight. Copies will be provided to stakeholders at CIS, ICE, and DHS.

As requested by CDC and Chiefs of Mission, overseas entities will provide notification, advice, and guidance to host nation counterparts on level of infection in the United States and suspect shipments of infected products from the United States to host nation.

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Triggers: Sustained human-to-human transmission outbreak overseas as determined by CDC and WHO; or the Embassy has confirmed a spike in the number and/or broadening geographic spread of animal-to-human cases or sustained human-to-human transmission in a neighboring country; or the Embassy has confirmed a spike in the number and/or broadening geographic spread of animal-to-human cases or sustained human-to-human transmission near or within city.

INATR will continue all pertinent actions identified in previous threat levels. In addition, the following actions will be taken:

CBP Attachés and Representatives are required to notify HQs upon issuance of an upgrade threat level as posted by their Embassy.

INATR will provide Red Flag daily briefings, as needed, for Senior Management on INATR avian flu activities and issues. As appropriate, these documents will be shared with other DHS stakeholders.

INATR will issue information notices via e-mail and INATR Spotlight, ensuring all employees are aware of current threat level. As appropriate, copies will be provided to other DHS stakeholders.

CBP Attachés and Representatives are required to attend all Mission briefings or Town Halls for American and LES employees and dependants. A report of the meeting is to be provided to CBP employees located remotely from Embassy and to HQs desk officer.

A representative of overseas employees remotely located from Embassy or Consulate should travel to attend Mission briefings/Town Hall meeting for American and LES employees and dependents, as travel restrictions allow. This individual must brief employees at their remote location on the results of that meeting.

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If an evacuation of American personnel and/or dependents is authorized or ordered, overseas employees will immediately notify HQs Desk Officers and follow specific guidance provided by HQs and Post.

If authorized or ordered departure is not feasible, COM will likely instruct all non-emergency American and LES staff to remain home on administrative or other leave. Employees and dependents should follow shelter-in-place guidance.

CBP Attachés and Representatives in locations that have confirmed triggers will initiate daily reporting of health status of overseas personnel (employees and family members) to HQs.

CBP Attachés and Representatives in locations that have confirmed triggers will implement social distancing (limiting movement of all personnel and dependents).

CBP Attachés and Representatives should utilize delivery service of groceries and other essential items to residences as identified in steady state.

INATR HQs employees are encouraged to consider delivery services for groceries and other essential items to residences to be implemented at later threat levels.

CBP Attachés and Representatives should consider relocating ill USG personnel (particularly singles) and family members to one or two residences to consolidate home health care resources.

Employees remotely located from Embassy or Consulate need to be prepared that COM may recall all employees to Mission.

Employees are required to follow all Post-issued restrictions on official and unofficial travel.

CBP Attachés and Representatives will limit consular services as instructed by COM.

Phase III – Sustained Human-to-Human Transmission within North America

Triggers: Sustained human-to-human Outbreak in the United States as determined by the CDC and WHO.

INATR will continue all pertinent actions identified in previous threat levels. In addition, the following actions will be taken:

Only “ordered” evacuations will be processed for overseas employees. No further “authorized” evacuations will be processed. Employees and dependents will be required to shelter in place.

INATR will deploy personnel, as appropriate, to other CBP/DHS/other agency priorities as requested or directed by Commissioner, DHS Management, or Chief of Mission, after ensuring INATR's mission is maintained.

Phase IV – First Wave, Global or North America Pandemic

Triggers: First and Subsequent Waves as determined by the CDC and WHO.

INATR will continue all pertinent actions identified in previous threat levels. In addition, the following actions will be taken:

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As the first and subsequent waves end, INATR will encourage employees to return to full operation.

INATR will review effectiveness of plans during first and subsequent waves to identify areas for improvement and share best practices with stakeholders and host nation counterparts.

Phase V – Follow-on Waves, Global and North America Pandemic

Triggers: First and Subsequent Waves as determined by the CDC and WHO.

The Office of International Affairs and Trade Relations will continue all pertinent actions identified in previous threat levels.

STANDARD OPERATING PROCEDURES

The Office of International Affairs and Trade Relations is developing Standard Operating Procedures related to all of the activities mentioned above using available resources from CBPnet, the Department of State, CDC, and WHO Web sites and contact with various other government and non-government entities. These documents will continue to be updated as new information is developed.

The current iteration of the Office of International Affairs and Trade Relations Operating Plan covers the following topics:

1. At-A-Glance – Contact information for the Commissioner’s Situations Room, INATR Duty Officer, the National Targeting Center; Employee phone books; and templates to develop additional points of contact such as Embassy personnel and host nation personnel.
2. General Situation – Current cumulative data on human cases and country specific updates from the World Health Organization.
3. General Health Guidance – Hand-hygiene, Cough Etiquette, Signs and Symptoms, Modes of Transmission.
4. The Office of International Affairs and Trade Relations Implementation Plan.
5. Operational Information – Guidelines on use of Personal Protective Equipment and the Office of Field Operations SOPs.
6. Employee Roster/Special Skill Sets
7. Reporting Requirements
8. Commissioner’s Situation Room Directive
9. Shelter-in-Place Guidelines – Emergency kits; food and water checklists
10. Care of Influenza Patients at Home – Draft guidance from the Department of State.
11. Hospitalization/Medical – Primarily focused on overseas employees, this provides them with instructions on what to do to prepare for hospitalization and how to file medical claims. It will also include instructions on medical evacuations.
12. Evacuation Guidelines – This section provides overseas employees with full instructions on when an evacuation is authorized or ordered, the steps they must take and the duty stations to which they will be assigned when evacuated.
13. Hotels – This section provides hotel information for the Washington, D.C. area and for the area near the National Targeting Center, which are the two locations to which CBP overseas employees will be assigned.
14. Schools in Greater Metropolitan Washington, D.C. area – This section provides overseas employees with school information they can use if evacuated with school age children. We’ve provided contact information for the schools as well as enrollment information for some of the larger areas/counties in the Washington, D.C. area.
15. Influenza and Your Pets – This section provides overseas employees with information on establishing contingency plans for pets if they are evacuated as well as information for all employees on the ability of pets to get avian flu.

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16. Agency Issuance/Guidance – This and later sections will be used to collect additional data as developed by the agency and provided to employees domestically and internationally.

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U.S. Customs and Border Protection

Office of Congressional Affairs



Operations Plan for

PANDEMIC RESPONSE

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ANNEX VI

OFFICE OF CONGRESSIONAL AFFAIRS OPERATIONS PLAN FOR PANDEMIC RESPONSE

ORIGINATING OFFICE: OCA

DATE: SEPTEMBER 2007

SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

U.S. Customs and Border Protection (CBP), Office of Congressional Affairs (OCA) will keep Members of Congress and their Staff informed as to the threat of pandemic influenza, and keep CBP Management aware of both formal and informal Congressional inquiries. OCA will consult with DHS, Office of Legislative Affairs (OLA) to determine whether Congressional notifications and communications will be made directly from the Department level.

The purpose of this SOP is to define the role of OCA regarding outbreaks of Avian Influenza overseas and in the United States. This Operations Plan is intended to provide planning guidance for CBP Management, and is divided into five phases reflecting the outbreaks' potential progression.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

EXECUTION

- OCA will update the relevant Congressional Leadership and Committee Members, to include:

The House of Representatives

House of Representatives Leadership

Committee on Appropriations, Subcommittee on Homeland Security

Committee on Homeland Security

Committee on the Judiciary

Committee on Government Reform

Committee on Ways and Means

The Senate

Senate Leadership

Committee on Appropriations, Subcommittee on Homeland Security

Committee on Homeland Security and Governmental Affairs (HSGAC)

HSGAC, Permanent Subcommittee on Investigations

Committee on the Judiciary

Committee on Finance

- OCA will offer direct, in-person briefings for appropriate Congressional Members and Staff.

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PREPAREDNESS ACTIVITIES

- An OCA representative attends weekly Entry/Exit Working Group Meetings to stay informed regarding pandemic influenza planning, and to prepare for future Congressional interest.
- Assuming the concurrence of OLA, OCA has established which Members and Committees it will notify and/or brief regarding the planning for, and progression of, pandemic influenza. These notifications and briefings will vary as the pandemic influenza progresses through the four scenarios listed below, but the general goal of keeping Congress informed of CBP's role in pandemic influenza preparation
- An OCA representative will actively participate in any future pandemic influenza meetings, as appropriate.

Phase I – Outbreak in Animals within North America

- Coordinate with OLA to determine whether CBP or DHS has the lead in engaging Congressional Members and Staff, and proceed with the notifications and briefings listed above.
- Coordinate with CBP Management to determine what information can be released to Congress, and which method is most appropriate.
- As the pandemic influenza issue moves forward, OCA will keep CBP Management abreast of both general and specific Congressional interest.

Phase II – Sustained Human-to-Human Transmission Overseas

Continue all actions identified in the Phase I

Phase III – Sustained Human-to-Human Transmission within North America

Continue all actions identified in Phases II and I

Phase IV – First Wave, Global or North America Pandemic

Continue all actions identified in Phases III, II, and I

Phase V – Follow-on Waves, Global and North America Pandemic

Continue all actions identified in Phases IV, III, II, and I



U.S. Customs and Border Protection

Human Resources Management: Human Capital Planning



Operations Plan for

PANDEMIC RESPONSE

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ANNEX VII**HUMAN RESOURCES MANAGEMENT: HUMAN CAPITAL PLANNING
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

ORIGINATING OFFICE: HRM**DATE:** SEPTEMBER 2007**SUBJECT:** OPERATIONS PLAN FOR PANDEMIC RESPONSE**PURPOSE**

This Operations Plan is intended to provide human resources management policy and planning guidance for U.S. Customs and Border Protection (CBP). This Operations Plan outlines human resources management authorities and implementation actions and strategies that CBP will employ in the event of a pandemic emergency to ensure continuity of mission essential operations. The Human Resources Management (HRM) Pandemic Response Plan is divided into four scenarios reflecting the outbreaks' potential progression.

GOALS

The goal of HRM is to provide employee support and maximize CBP's capacity to continue operations and accomplish work during a pandemic emergency.

SITUATION (see CBP Operations Plan)**ASSUMPTIONS** (see CBP Operations Plan)**EXECUTION**

There are four scenarios or threat levels associated with the pandemic threat, in addition to the steady state. Therefore, the level of response and preparedness will be staged according to the progressive threat level each scenario presents. The execution of this Plan is designed with specific actions and strategies to be carried out by HRM within a scenario context. The HRM Operations Plan is developed in accordance with the CBP Pandemic Operations Plan.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

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PREPAREDNESS ACTIVITIES

During this phase, HRM will provide policy and procedural guidance on human resources management authorities and pre-position employee support programs that CBP will implement to prepare for and respond to a pandemic emergency. HRM assumes that the CBP workforce, including HRM staff, will experience significant absenteeism due to a variety of pandemic related factors: implementation of isolation or social distancing measures; staff and/or family illness; fear of sickness or contagion; or discontinuation of other services such as schools or transit closure. Accordingly, HRM will institute knowledge management and work management contingency strategies to ensure continuity of essential HR functions in the event of a pandemic emergency.

The following employee support programs, human resources management authorities, and HRM operations contingency strategies are described in this section:

- I. HRM Incident Management Program
- II. Employee Assistance Program
- III. Human Resources Policy and Procedural Guidance
 1. Hiring Authorities
 2. Pay/Compensation
 3. Leave Authorities
 4. Alternative Work Arrangements/Telework
 5. Assignment of Work
- IV. HRM Operations Contingency Plan

I. HRM Incident Management Program

The HRM Incident Management program consists of the "Employee Support Team (EST)," and subject matter experts providing guidance on topics of importance to our employees during large-scale emergencies designated as "Commissioner Designated Events (CDE)." The goal of the program is to protect our workforce while furthering the overall mission of CBP – guarding our nation's borders. The EST is activated when the Director, Office of Intelligence and Operations Coordination notifies HRM that a CDE has been declared. HRM anticipates that Pandemic Response Planning Scenario III is likely to reach the level of a CDE, and would continue through Scenarios IV and V.

The Employee Support Team (EST) tracks and updates employee accountability, contact information, safety and immediate needs (i.e., emergency medical care, medications, food, etc.) of CBP employees and their immediate family members who have been affected by Commissioner Designated Events. During a pandemic emergency, the EST will collect additional data to meet internal and external reporting requirements, including number of employees working from an alternate location, number of employees in leave status, and number of reported employee deaths. All requests for employee data and status updates are coordinated with local management procedures.

The EST offers employees and supervisors "one-stop system" in the aftermath of CDEs. The Team leverages the varied skills of its members – representatives from each CBP functional Office, and has access to a cadre of subject matter experts from within HRM, and from other CBP Offices. The EST transmits information to affected employees on various subjects such as evacuation orders, leave, pay and compensation, returning to work following the CDE, etc. It identifies trends that help management make operational decisions, e.g., reporting to work decisions, and provision of specific guidance and emergency resources to the affected areas and employees. The EST also drafts messages addressing the trends, for approval and posting by the Office of Public Affairs on CBP.gov and CBPNet.

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In preparing for a pandemic emergency, the EST will continue to refine its operational skills and plans by meeting with, training, and testing its members' skills and its automated systems, such as the Incident Management Database, telecommunications system, and facilities. To reduce the risk of infection by pandemic illness to its members, the EST will institute social distancing measures (e.g., requiring Team members to work separately if necessary) and expand use of laptop computers, Blackberries, and cellular telephones.

Additionally, HRM will educate and promote awareness of the HRM Incident Management program by distributing information cards and magnets, and posting information on CBP.gov Internet. Employees affected by CDEs are encouraged to use locally established procedures to check-in within 72 hours. If employees are unable to use the established local procedures, they may check-in by logging on to CBP.gov and completing a check-in form, or by calling the EST directly at 1-877-CBP-4804.

II. Employee Assistance Program

The Employee Assistance Program (EAP) is a voluntary, work-based program that provides confidential assessment, short-term counseling, referral, and follow-up services at no cost to employees who have personal and/or work-related problems that affect attendance, work performance, and/or conduct. Additionally, EAP provides Critical Incident Stress Management (CISM) services in the event of critical incidents to support the affected employees and minimize long-term impact to the affected employees and CBP organizations. The CBP EAP will provide wellness and individual pandemic emergency planning information and resources to prepare employees to better plan and cope in the event of a pandemic emergency, as well as providing an appropriate level (i.e., expanded hours of operation, dissemination of situation-specific individual and family wellness resources, debriefings, etc.) of on-going support during a pandemic emergency to ensure health and wellness of CBP employees.

III. Human Resources Policy and Procedural Guidance

The Office of Personnel Management (OPM) has issued the *Human Capital Planning for Pandemic Influenza Guidance* outlining the existing human resources management authorities that the executive departments and agencies may employ in emergency situations (e.g., pandemic) with and without OPM approval. CBP will implement the available human resources management authorities in accordance with OPM and Department of Homeland Security (DHS) guidance at the time of the event. The information described in this section is in line with current OPM guidance. Please also go to:

<http://www.opm.gov/pandemic/index.asp>.

The human resources management authorities described in this section address key human resources issues that may arise during a pandemic emergency. HRM will issue specific guidance suitable for each threat level, including the appropriate procedures for exercising each authority and employee and/or supervisor pandemic response FAQs, in close collaboration with all affected CBP Offices. The guidance will be based on assessed CBP need, dynamic nature of the pandemic threat, and the most up to date OPM and DHS guidance at the time of the event.

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1. Staffing and Hiring Authorities

Current laws and regulations provide federal agencies hiring authorities to quickly staff critical positions for a short-term response as well as for longer periods, if needed.

A. CBP has the authority to implement the following hiring authorities **without** OPM approval:

- Direct Hire Authorities (DHA) (Government wide and Already Approved);
- 30-Day Critical Need Appointment;
- 1-Year, 1040 Work Hours per Year Appointments in Remote/Isolated Locations;
- Reemploying Former Federal Employees;
- Reemploying Annuitants Without Salary Offset Waivers;
- Employing Faculty Members;
- Career Transition Assistance Plan (CTAP) and Interagency CTAP (ICTAP);
- Agency Reemployment Priority List (RPL);
- 120 Days or Less Appointments; and
- Using Private Sector Temporaries.

B. OPM approval is required to implement the following hiring authorities (note: requests to OPM must be submitted by the Commissioner, or his designee, through the DHS Chief Human Capital Officer):

- 1-Year Temporary Emergency Need Appointments;
- Reemploying Annuitants With Salary Offset Waivers (unless an authority is already delegated to CBP);
- Agency-Specific Schedule A and B Appointments;
- Agency-Specific Direct Hire Authority (DHA);
- Reemploying Buyout Recipients; and
- SES Limited Emergency Appointments.

2. Pay and Compensation

The following are pay and compensation issues that may arise during a pandemic emergency.

- A. *Administratively Uncontrollable Overtime.* Employees are eligible for premium pay (10-25% of basic pay) on an annual basis, if they are in a position in which the hours of duty cannot be controlled administratively and which requires substantial amounts of irregular or occasional overtime work, with the employee generally being responsible for recognizing, without supervision, circumstances that require the employee to remain on duty.
- B. *Annual Premium Pay Cap.* In certain emergency or mission critical situations, an annual premium pay cap instead of a biweekly premium pay cap may be applied, subject to the conditions provided in law and regulation. (See 5 U.S.C. 5547(b) and 5 CFR 550.106-550.107.) When an annual premium pay cap is applied, the affected employee's basic pay and premium pay in any calendar year is limited to the **greater of** (1) the annual rate of basic pay payable for GS-15, step 10 (including any applicable locality rate or special rate of pay), or (2) the annual rate payable for level V of the Executive Schedule. (Note: overtime pay under the Fair Labor Standards Act (FLSA) is not subject to the biweekly or annual premium pay cap.)

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- C. *Compensatory Time Off*. Compensatory time off is an alternative form of payment for overtime work. The value of an hour of compensatory time off is equal to the overtime hourly rate that is payable in dollars.
- D. *Customs Officers Pay Reform Act (COPRA)*. Customs and Border Protection Officers who perform officially assigned work in excess of 40 hours in the regularly scheduled administrative workweek or in excess of 8 hours in a day are compensated at 2 times the hourly basic pay exclusive of any premium pay differentials for holiday, Sunday, or night work. COPRA premium pay is payable for only for non-overtime work performed on holidays, Sundays, or at night.
- E. *Hazardous Duty Pay*. There is no authority to pay hazardous duty pay (HDP) or environmental differential pay (EDP) for potential exposure to pandemic influenza at this time.
- F. *Law Enforcement Availability Pay (LEAP)*. Customs Aviation Enforcement Officers are eligible for LEAP, which is a 25% premium pay that is paid to ensure that eligible employees are available for unscheduled duty based on the needs of the Agency.
- G. *Overtime Pay*. Overtime pay generally is required under the Fair Labor Standards Act (FLSA) and 5 CFR 551.501 when Federal FLSA-covered (non-exempt) employees are **required** to be on duty beyond 8 hours a day or 40 hours a week, assuming the supervisor knows of the work or has reason to believe the work is being performed. For employees exempt from the FLSA, overtime pay generally is required by 5 U.S.C. 5542 when hours of work in excess of 8 hours a day or 40 hours during an administrative workweek are **officially ordered or approved** and performed by the employee.
- H. *Furlough*. If the Agency, a facility, or geographic region is quarantined during a pandemic emergency, the usual regular and emergency furlough provisions could apply, and employees may be placed in temporary non-pay, non-duty status.
- I. *Holiday Premium Pay*. Holiday work is non-overtime work performed on a holiday as part of an employee's regularly scheduled basic 40-hour workweek. Holiday premium pay is equal to an employee's rate of basic pay.
- J. *Night Premium Pay*.
- General Schedule (GS) employees – Night shift differential paid to a GS or General Management (GM) employee is equal to 10% of his or her hourly rate of basic pay for regularly scheduled hours worked between 6:00 p.m. and 6:00 a.m.
 - Federal Wage System (FWS) – Night pay for Wage Grade (WG), Wage Leader (WL), and Wage Supervisor (WS) employees is equal to 7.5% of the scheduled rate of pay, if the majority of regularly scheduled non-overtime hours are between 3:00 p.m. and midnight. Night work is paid at 10% of the scheduled rate for WG, WL, and WS employees if a majority of the regularly scheduled non-overtime hours are between 11:00 p.m. and 8:00 a.m.

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- K. *Overtime Pay Cap Waiver.* In the event an employee approaches the \$35,000 annual overtime pay cap as a result of mission and operational requirements, the Office may request an Overtime Cap Waiver via the waiver requests process.
- L. *Payroll.* Appropriate policies and procedures will be implemented in coordination with Office of Finance to continue provision of pay and payroll services during a pandemic emergency.
- M. *Sunday Premium Pay.* Sunday work is non-overtime work performed on Sunday as part of an employee's regularly scheduled basic 40-hour workweek. For each regularly scheduled tour of duty, Sunday premium pays up to (and not to exceed) 8 hours. Sunday premium pay is equal to 25% of an employee's hourly rate of basic pay.

3. Leave Authorities

There are numerous leave authorities to assist employees who are affected by pandemic influenza. Existing CBP leave policies and procedures, including requirements for requesting leave and disciplinary actions (if applicable) will apply. (See the CBP Leave Handbook.) For specific guidance and advice on exercising leave authorities during a pandemic emergency, CBP offices should consult with Labor and Employee Relations through the established channels.

- A. *Sick Leave*
- B. *Sick Leave for General Family Care and Bereavement*
- C. *Sick Leave To Care for a Family Member with a Serious Health Condition*
- D. *Annual*
- E. *Advance Annual and/or Sick Leave*
- F. *Leave Without Pay (LWOP)*
- G. *Family and Medical Leave*
- H. *Excused Absence (Administrative Leave)*
- I. *Donated Leave*
- J. *Voluntary Leave Transfer Program*
- K. *Emergency Leave Transfer Program*
- L. *Other Paid Time Off*
- M. *Compensatory Time Off*
- N. *Compensatory Time Off for Travel*

4. Alternative Work Arrangements

There are several alternative work arrangement options to assist CBP Offices in accomplishing work during pandemic influenza. CBP Offices should seek guidance from appropriate HRM program offices regarding alternative work arrangements. **Before altering work arrangements, CBP Offices should solicit Labor and Employee Relations guidance and advice through the established channels.** If required, HRM will issue specific guidance pertaining to alternative work arrangements when a Commissioner Designated Event (CDE) is declared.

- A. *Evacuation Order.* In line with an approved evacuation order, appropriate policies and procedures (i.e., evacuation payments and assignment of work to evacuated employees, etc.) will be implemented in coordination with the Office of Finance.

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B. *Alternative Work Schedules (AWS)*. There are two categories of AWS:

- Flexible Work Schedules (FWS) consist of workdays with (1) core hours and (2) flexible hours. Core hours are the designated period of the day when all employees must be at work. Flexible hours are the part of the workday when employees may (within limits) choose their time of arrival and departure.
- Compressed Work Schedules (CWS) are fixed work schedules, but they enable full-time employees to complete the basic 80-hour biweekly work requirement in less than 10 workdays.

C. *Telework*. Telework is an integral part of pandemic preparation and response planning. Telework, which refers to work that is done outside of the traditional on-site work environment, is a valuable tool for accomplishing work during a pandemic. To minimize risk of exposure to pandemic influenza, employees may be asked to work from an alternate location (e.g., home), as a social distancing measure.

Telework is a management prerogative not an employee entitlement. The decision to implement telework arrangements will be made on a case by case basis, factoring in the business requirements of the CBP Office, employee's work requirements/portability, availability of resources and equipment, and issues of IT security and safeguarding of sensitive information.

To position itself ready to effectively use telework during a pandemic, each CBP Office is encouraged to take the following steps (See Attachment 11 - Telework Readiness Assessment Flowchart):

- Identify and prioritize mission essential functions (as defined by each Office) that can be accomplished via telework.
- Identify personnel who will perform the essential functions.
- Assess technology and equipment needs at the employee's alternate location. (Note: generally, federal agencies are not required to provide equipment at home-based worksites. Provision of technology and equipment will vary depending on the availability of resources and employee's work requirements.)
- Provide adequate technology and equipment, if appropriate and available.
- Ensure the identified employees create, maintain, and update all files, records, or databases required to accomplish work from an alternate location (e.g., home). These items should be updated as changes occur and should be readily accessible for the employee to take to the alternate location (e.g., home) when warranted.
- Maximize use of shared drives, as appropriate, to ensure access to necessary files and database (both from alternate location and on-site) in the event key staff are unavailable due to pandemic illness.

It is recommended that each CBP office planning to employ telework as a work management tool during a pandemic emergency train their employees, and test and exercise its telework capacity. Telework training for employees and supervisors is available online at <http://www.telework.gov/courses/>.

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5. Assignment of Work

During an emergency, the management may assign and schedule work to meet the agencies' work requirements. CBP offices should **solicit Labor and Employee Relations guidance and advice** through the established channels **before** altering working conditions or work schedules during a pandemic emergency.

- A. *Assignment of Work/Relocation.* Management has the basic right to determine where its work is performed during an emergency. Management may relocate employees to different worksites permanently or temporarily to maintain continuity of operations during a pandemic. However, management should determine whether its basic right is modified by its other formal policies or collective bargaining agreement(s). Any changes made to an employee's assignment of work will be done in accordance with all statutory requirements.
- B. *Overtime.* In general, management may require an employee to perform overtime work. However, an employee may be excused from overtime work for reasons such as illness or the illness of a family member. As is standard practice, if an employee refuses to perform overtime work, management may discipline the employee for failure to report for scheduled overtime duty. **When scheduling or requiring overtime work, management should do so in compliance with all applicable laws and regulations (i.e., overtime pay cap, premium pay cap, etc.).**
- C. *Work Schedule.* Changes in an employee's work schedule are within the discretion of the management as long as the changes are consistent with law, regulations, and to the extent possible, any applicable negotiated agreements.

IV. HRM Operational Contingency Plan

To ensure that HRM is positioned to continue delivery of its essential services with minimal disruption to our internal CBP customers during a pandemic, HRM is in the process of implementing the following set of operational strategies and actions.

1. Knowledge Management

- A. Increase the pool of staff equipped to perform essential functions and cross train employees two or three deep, where possible. Each office identifies and prioritizes essential functions based on the duration and personnel impact of a pandemic emergency – lasting longer than 60 days and with employee absenteeism rate at 40% or higher. For each essential function, a primary and alternate(s) are designated. If possible, 2 or more alternates are identified and adequately trained to perform the essential function.
- B. Develop Standard Operating Procedures (SOP) that enable someone other than the employee primarily responsible to accomplish the work.
- C. Maximize use of shared drives, as appropriate, to ensure access to necessary files and databases in the event primary and alternate staff are unavailable due to pandemic illness.
- D. Establish an organized and structured system for coordinating the delivery of HR policy guidance and program support (i.e., benefits, retirement, survivor benefits,

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EAP, workers compensation, etc.). The HRM Incident Management Program SOP maps the key HR functions with the responsible personnel (primary and alternate(s)) and their contact information.

2. Work Management

- A. Maintain accurate contact rosters to ensure communication of guidance and accountability for staff.
- B. Identify the most essential work that needs to be accomplished, the IT resources needed to support that work, and utilize the Knowledge Management strategies to establish a plan to complete the work.
- C. Identify all essential work that is currently being done by contractors and establish a plan to accomplish that work assuming disruption in contractors' ability to deliver services.
- D. Develop procedures to ensure that appropriate employees have access to either computerized and/or paper-based vital records when working from an alternate location (e.g., home). (Note: this will be done in line with guidance from OIT on IT security and safeguarding sensitive information in the telework environment.)

Phase I - Outbreak in Animals within North America

- Continue preparedness activities.
- Actively practice phone tree or email tree within HRM for sustained communication purposes.

Phase II - Sustained Human-to-Human Transmission Overseas

- Continue actions identified in Phase I.
- Coordinate with CBP offices to implement situation-specific contingency staffing plans to respond to rapidly escalating outbreaks and high employee absenteeism.
- Issue and disseminate situation-specific staffing policy guidance and FAQs for employees and supervisors, as appropriate.
- Make plans to closely monitor employee absenteeism during successive phases.
- Request OPM approval to implement hiring authorities that require their approval, as referenced under "policy guidance: human capital management."
- Issue and disseminate situation-specific Labor and Employee Relations guidance and FAQs (including but not limited to leave, alternative work arrangements, assignment of work) for employees and supervisors, as appropriate.
- Issue and disseminate situation-specific pay and compensation policy guidance and FAQs for employees and supervisors, as appropriate.

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- Activate EAP emergency response plan and disseminate EAP and pandemic- related wellness information to support psychological and social needs of employees.

Phase III - Sustained Human-to-Human Transmission Outbreak within North America

- Continue actions identified in Phase II.
- Activate HRM Incident Management Program.
- Activate Employee Support Team (with authorization from Director, OIOC).
- Prepare to adjust staffing through suspension of non-essential details, canceled leave, extended shifts (12 hours), and an extended workweek (6 or 7 days) to recover from a pandemic inducted reduction in workforce.
- Implement hiring authorities (as necessary) and coordinate with offices to ensure that staffing needs are met through the duration of the emergency.

Phase IV and V - First Wave and Follow-on Waves, Global or North American Pandemic

Continue actions identified in Phase III.



U.S. Customs and Border Protection

Office of Human Resources Management
**Occupational Safety and
Health (OSH) Division**



Operations Plan for
PANDEMIC RESPONSE

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ANNEX VIII**OFFICE OF HUMAN RESOURCES MANAGEMENT
OCCUPATIONAL SAFETY AND HEALTH DIVISION
OPERATIONS PLAN FOR PANDEMIC INFLUENZA**

ORIGINATING OFFICE: OSH**DATE: SEPTEMBER 2007****SUBJECT: OPERATIONS PLAN FOR PANDEMIC INFLUENZA****PURPOSE**

The purpose of this document is to describe the actions to be implemented to reduce the risk of CBP employees being exposed to avian influenza as a result of their official duties. It describes the training, personal protective equipment (PPE), and work procedures that have been put in place to prevent the transmission of disease. The requirements outlined in this Standard Operating Procedure Annex are applicable to all personnel and functions within CBP. Principle Field Managers (DFOs, Sector Chiefs, A&M, etc.) shall ensure that their employees comply with these requirements.

CURRENT OPERATIONS AND ASSUMPTIONS

Avian influenza and the threat it presents is constantly changing and evolving. This Plan was written based on the best information that was available at the time of publication. New or revised guidance will be provided to the field as world events change. At the time of this publication there have been no confirmed human-to-human influenza and the protection against human transmission is not required until human transmission occurs and has been confirmed. Current risk of exposure to infectious birds is a reality and personnel must follow the protective measures outlined for protection against birds, poultry, and poultry products.

Currently, a small number of infections, illnesses, and deaths have already occurred from avian influenza contracted from exposure to infected birds, bird environments, or bird remains. The countries affected by these occurrences are listed on the CDC Web site. CBP personnel will, as a minimum, wear disposable nitrile or latex gloves and a N95 respirator whenever handling birds or poultry products from affected countries, when handling banned birds, or when handling any birds that appear to be sick or infectious. When multiple birds are involved and there is evidence of sickness or death in any of the birds, the remaining birds and anything associated with them, will be assumed to be infectious. Personnel may also need to wear disposable outer garments, apron, goggles, and thicker rubber gloves when involved in bird destruction and eradication efforts or when protection with outer garments is needed. Personnel stationed abroad in countries affected by avian influenza shall wear gloves, N95 respirator, goggles, and outer garments while handling birds, poultry products, or bird remains in accordance with the PPE Hazard Assessment and Bird Handling Guidance contained in this document.

TRAINING AND INFORMATION**Avian/Pandemic Influenza Information.**

Occupational Safety and Health Division (OSH) will review and analyze all available information and guidance from recognized authorities including the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO), National Institute for Occupational Safety and Health (NIOSH), and United

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States Department of Agriculture (USDA). The Safety Division will consolidate and interpret guidance from these sources and will be the single point of contact within CBP to issue guidance and recommendations on avian/pandemic influenza protective measures for CBP employees. The most relevant information will be posted on the CBPnet avian influenza page.

Avian Influenza Training – Principle Field Managers (DFOs, Sector Chiefs, A&M, etc.) shall ensure that employees and contractors have completed all required avian influenza training. The following courses are available on the CBP Virtual Learning Center:

1. Avian Influenza Fundamentals Part 1 (TRAEN Code 139700);
2. Pandemic Influenza Safety - Protecting Yourself (TRAEN Code 139701);
3. Pandemic Influenza Safety - Protecting Your Family (TRAEN Code 139702);
4. Pandemic Influenza Safety - Protecting The Public (TRAEN Code 139703);
5. Bird Handling Procedures (TRAEN Code 139704); and
6. Pandemic Preparedness for International Employees (TRAEN Code 139705).

Avian Influenza Fundamentals is required for all CBP employees. Training on Personal Protective Equipment that may be required in the event of a Pandemic is required by OSHA standards, therefore, any personnel who may be required to wear protective equipment such as N95 respirators, are required to complete "Protecting Yourself" TRAEN Code 139701. Personnel who may come in contact with birds are also required to complete "Bird Handling" TRAEN code 139705. Personnel assigned to CBP locations outside the United States or involved in Container Security Initiative locations abroad are required to have training for "International Employees" TRAEN code 139705. Applicability of additional training modules will be established at the Assistant Commissioner level. Principle Field Managers (DFOs, Sector Chiefs, A&M, etc.) shall ensure that all employees receive applicable training as it is made available. All training must be recorded in the Training Records and Enrollment Network (TRAEN).

Personal Protective Equipment Training – Principle Field Managers (DFOs, Sector Chiefs, A&M, etc.) shall ensure that all employees receive training in the proper use of Personal Protective Equipment (PPE) required for protection against Avian/Pandemic Influenza. OSH Job Hazard Analysis (JHA) and PPE Assessment for Avian Influenza (attached) will serve as the primary document for identifying hazards and PPE requirements for CBP operations relating to avian influenza. Precautionary measures and PPE identified in these documents will be incorporated into the training modules available from the CBP Virtual Learning Center.

BASIC DISEASE PREVENTION AND EMPLOYEE PROTECTION

Hand washing, personal hygiene, cough etiquette, and maintaining good health are the most effective ways to prevent the spread of disease. In addition, PPE will be used in certain situations (see PPE guidance contained in this document) to prevent infection. The following work practice controls should be adhered to for basic disease prevention:

Hand Sanitation – Influenza viruses can survive on hands for up to 15 minutes. A virus can be transmitted from contaminated hands to the face, eyes, and mouth. Proper soap and water hand washing can minimize the contamination that may be transmitted to the nose, mouth, or eyes.

Furthermore, the CDC reports that, "hand washing is the single most important way of preventing the spread of infection."

When should you wash your hands?

- After removing disposable gloves;
- After going to the toilet;
- After handling animals, cages, feeders, or animal waste;
- After blowing your nose, coughing, or sneezing;
- Before applying contact lenses;
- Before touching one's face, nose, or mouth;
- Before preparing or eating food; and
- Whenever hands are dirty or contaminated.

Cleaning Hands (Soap and Water) – If hands are visibly soiled or dirty, wash with soap and water. The three keys to hand washing are soap, friction, and water. First, remove jewelry and rinse hands under warm running water. Lather with soap. Soap may be antimicrobial or non-antimicrobial. Bar soap should be put on a rack that allows water to drain or use small bars that can be changed frequently. Rub hands together to cover all surfaces of the hands and fingers. Continue rubbing hands for at least 20-seconds. Less time may be allowed (~10 seconds) if no visible soil, and more time may be required if the hands are heavily soiled. Rinse hands under warm running water. Remove soap residue to minimize potential dermatitis. Dry your hands using a single-use towel or a forced air dryer. If possible, use paper towel to turn off the faucet so that you minimize the chance of re-contaminating your hands. Minimize the use of fingernail polish or artificial nails. Artificial nails or chipped nail polish may increase the number of microorganisms and impede visualization of soil under nails. If soap and water are not available, use alcohol-based gel.

Cleaning Hands (Alcohol-Based Hand Sanitizer) – If hands are not visibly soiled or if soap and water is not available, you may use an alcohol-based hand rub for sanitizing hands. Do not install or place the dispenser over or directly adjacent (12-inches) to an ignition source (i.e., electrical outlet or switch). Put a dime-sized amount (3 to 5-ml) in the palm of one hand. Rub hands together for at least 30 seconds.

Failure to cover all surfaces of the hands due to poor technique or use of insufficient amounts of hand rub solution can leave surfaces contaminated. Rub the product over all surfaces of the hands and fingers until hands are dry.

Cleaning Hands (Antimicrobial-Impregnated Wipes i.e., Towelettes) – If hands are not visibly soiled or if soap and water is not available, you may use an antimicrobial-impregnated wipe for sanitizing hands. These wipes are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water. Pre-moistened surface wipes sold in tubs may lose their effectiveness if the canister is not tightly sealed between uses. High temperature, low humidity, and numerous air exchanges decrease the effectiveness of wipes. Rub the wipe onto each hand, and rub the wipe over all surfaces of your hands and fingers. Let your hands air-dry.

Cough Etiquette – Infectious droplets can survive on surfaces for more than 8 hours. Coughing and sneezing produces airborne droplets of respiratory secretions. They are the primary way that the Influenza viruses are spread. Employees should use a tissue or napkin to avoid coughing or sneezing on their hands, other people, or on work areas. Avoid touching your nose, mouth, and eyes while in the work environment (processing passengers, handling birds, poultry, cargo, etc.), especially when wearing gloves or other PPE that could be contaminated with infectious material.

Vaccinations – Although there is no specific avian influenza vaccine approved for use now, the standard seasonal influenza vaccine may boost your overall immunity and reduce the likelihood of being co-infected with human and avian strains, where genetic rearrangement could take place, leading to the emergence of a potential pandemic strain. All personnel should obtain a seasonal influenza vaccine when medically appropriate (consult your health care provider for more information and guidance).

Social Distancing – CBP employees shall maintain situational awareness around passengers being processed. Observe signs and symptoms associated with avian influenza and other infectious diseases. Avoid close proximity (less than three feet) with passengers/members of the public who are symptomatic, coughing, or spreading secretions. Symptomatic passengers/members of the public will be asked to contain coughing and will be provided tissues or napkins. If coughing or spreading of infectious secretions cannot be controlled, they may be asked to wear a surgical mask provided by CDC or CBP. Symptomatic passengers/members of the public shall be separated from other passengers/member of the public as much as possible and social distancing (more than three feet) will be utilized as a means of controlling the spread of disease. Symptomatic passengers will be referred to a public health official or member of the Centers for Disease Control at those locations where CDC personnel are present. The nearest CDC quarantine station or public health office will be contacted anytime a medical determination needs to be made. CDC or public health officials will make final determinations on all quarantine decisions.

PERSONAL PROTECTION EQUIPMENT (PPE)

OSH has conducted a Job Hazard Analysis (JHA) and PPE Hazard Assessment for avian influenza, which serves as the primary document for identifying hazards and PPE requirements for CBP operations relating to avian influenza. The PPE Hazard Assessment is based on potential exposure to infectious birds, poultry, poultry products, and infectious people. It includes guidance on protection against pandemic influenza in the event human-to-human transmission becomes a reality. Compliance with the work practice controls and use of PPE identified in these documents is mandatory and applies to all CBP employees with potential occupational risk for exposure to avian influenza. Supervisors shall ensure that their employees comply with these requirements. The Safety Division will update the JHA and PPE Hazard Assessment, if necessary. PPE items that have been identified for avian influenza protection include the following:

- Disposable Nitrile or Latex Gloves;
- N95 Respirator;
- Disposable Outer Garments (Tyvek coveralls, apron, booties, hair covering);
- Goggles (chemical or splash proof);
- Hand Gel (alcohol based antimicrobial);
- Surgical Masks (for symptomatic passengers/members of the public only);
- Disinfectant Supplies (Clorox Cleanup[®], Lysol[®], Bleach solution, etc.); and
- Biohazard Disposal Bags.

Mandatory Use of PPE (Triggers) – The PPE Assessment outlines conditions and potential exposure situations in which PPE will be required to protect employees from Avian/Pandemic exposure. The following scenarios will also be used as a guide or “triggers” to indicate when the use of specific PPE outlined in the PPE Assessment will become mandatory. When exposures exist at times when specific phases have not occurred or been announced, CBP employees will still use the preventive measures and PPE outlined in the JHA and PPE Assessment, regardless of a particular phase. OSH will continue to monitor world events and the guidance issued by CDC, WHO, OSHA, and others. Additional guidance on PPE use will

be provided as necessary based on changing world events. OSH will serve as the primary point of contact for any questions dealing with PPE use.

Personnel stationed abroad in countries affected by avian influenza shall wear gloves, N95 respirators or other approved mask, goggles, and outer garments while handling birds, poultry products, or bird remains in accordance with the PPE Hazard Assessment and Bird Handling Guidance unless prohibited by the Chief of Mission in the affected country. If a Chief of Mission prohibits use of PPE, CBP Officers must avoid exposure (handling birds, poultry, or bird remains) and rely on host nation counterparts to conduct the actual handling. During pandemic situations, CBP Officers will avoid close (less than three feet) or prolonged contact with symptomatic persons.

Phase I – Outbreak in Animals within North America.

When avian influenza infections are discovered in birds in North America, the following PPE will become mandatory; gloves, N95 respirator, goggles, and outer garments will be worn anytime personnel are handling any birds, poultry products, or bird remains. Follow CBP Bird Handling guidance.

Phase II – Sustained Human-to-Human Transmission Outbreak Outside North America.

If, and when human-to-human transmission of avian influenza has been confirmed outside North America, the following PPE and protective measures will become mandatory; remain vigilant in observing passengers/members of the public for signs and symptoms of illness, especially persons who have traveled to affected countries or been in close contact with birds or other infected or ill people. Symptomatic or ill passengers/members of the public shall be separated from other passengers/members of the public and employees immediately, and social distancing will be used. Employees in close (less than three feet) contact with symptomatic persons will wear gloves and ensure the person is not coughing or spreading infectious respiratory secretions. Tissues or napkins will be provided to symptomatic passengers/members of the public if they do not have any. Surgical masks may also be provided to symptomatic persons. In cases where symptomatic passengers/members of the public refuse to wear a surgical mask or otherwise control coughing with tissues, employees will wear an N95 respirator. CDC quarantine officials shall be contacted in order to evaluate the symptomatic passenger and provide additional guidance.

Phase III – Sustained Human-to-Human Transmission in North America.

The PPE guidance and protective measures outlined in scenario II will be utilized when processing any symptomatic passengers/members of the public, regardless of their travel history or contact with birds or poultry. CDC will be contacted to evaluate the passenger/member of the public and provide additional guidance.

Phase IV – First Wave and Follow-on Pandemic Waves in North America.

The PPE guidance and protective measures outlined in scenarios I-III will be mandatory for all follow on waves based on exposures.

Phase V – Follow-on Waves, Global and North American Pandemic.

The PPE guidance and protective measures outlined in scenarios I-III will be mandatory for all follow on waves based on exposures.

PPE Procurement and Availability

Principle Field Managers (DFOs, Sector Chiefs, A&M, etc.) shall ensure that adequate PPE and safety supplies are on hand to deal with increased usage as threat levels are increased. All CBP locations will maintain a sufficient supply of gloves, hand gel, respirators and other items identified in the PPE Assessment and JHA in order to support day-to-day operations. PPE supply levels will be sufficient to sustain CBP operations for a minimum of 60 days without re-supply. It should be anticipated that increased PPE supply levels might be needed for 60 to 90 days during sustained human-to-human pandemic influenza outbreaks. Program managers and supervisors of personnel stationed abroad for the Container Security Initiative (CSI) shall ensure that applicable PPE is available to those personnel. Area safety managers will provide oversight and be the focal point for PPE purchases for CBP locations within their areas of responsibility. Field offices and sectors shall submit their PPE needs to HRM Area Safety Manager serving their office/sector. OSH will forward the orders to the Department of Homeland Security for procurement and delivery to Field and Sector Office locations. Principle Managers at Field Office and Sector Office locations will coordinate the distribution and storage of PPE locally within their subordinate Ports of Entry and Border Station locations.

PPE Storage, Maintenance, and Replacement – Principle Field Managers (DFOs, Sector Chiefs, A&M, etc.) should identify and secure adequate storage space for PPE items. Those facilities with an inadequate area for storage should work within their management chain to identify and secure an alternate site. Primary and alternate storage areas should be close enough to work sites for rapid deployment when necessary. Avian influenza PPE supplies must be sheltered from the elements. Items should not be exposed to boiling or freezing temperatures. Posted expiration and shelf life dates should be observed.

- **Gloves** – Protective hand wear should be disposable, non-sterile gloves (i.e., preferably latex-free, powder-free, 5-mil thickness or better) to prevent contamination. Employees must avoid touching eyes, mouth, or nose with gloved hands. Remove/change gloves when torn, punctured, or cracked. Disposable gloves may not be washed for reuse. If you experience skin irritation from wearing gloves, promptly report this to your supervisor. Carefully remove gloves without any skin touching the outside surface, dispose, and wash hands. Personnel shall remove protective gloves prior to going on breaks, eating, drinking, smoking, or using the restroom. If your hands become dry from glove use, you may want to apply hand lotion to reduce dryness. During sustained human-to human Pandemic phases, it is estimated that employees will use 3-4 pairs of gloves per shift.
- **Disposable Particulate Respirator (N95)** – OSHA regulations require a written respiratory protection plan be implemented at every worksite where employees are required to use respiratory protection. The program must contain worksite-specific procedures and elements necessary to comply with the OSHA respiratory protection standard, 29 CFR Part 1910.134. The written program must include procedures for selection, medical evaluation, fit testing, training, use, and care of the respirator. HRM OSH will develop a fill in the blank written respiratory protection plan template for N95 respiratory protection for communicable diseases. Ports and Border Patrol offices will be required to complete the written program and submit it to the local HRM Area Safety Manager for final approval.
- **Medical Clearance** – Before an employee can be required to wear an N95 respirator, a qualified health care professional must make a determination that the employee is healthy enough to wear a respirator. A respirator increases the workload on the heart and lungs. Individuals with pre-existing conditions may be vulnerable to additional harm by wearing a respirator. U.S. Public Health Service, Federal Occupational Health (FOH) will make the determination if an employee is medically able to wear a N95 respirator. The medical clearance process will primarily involve the completion of a medical questionnaire. The healthcare professional may request additional information or require additional tests such as a pulmonary function test. Personal information that you provide

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to FOH is confidential and will be placed in the employee's medical record that is maintained by FOH, and is protected by privacy regulations. The information gathered will only be used for the purpose of respirator programs; it will not be used in performance of duty determinations.

- **Fit Testing** – Every employee who will be required to wear a N95 respirator must be fit tested to ensure that the respirator is the right size, shape, and fit. A respirator will not protect the employee if it does not properly seal to their face. Fit testing may be conducted by FOH, OSH Division, or Field personnel who have been trained. FOH and/or the OSH Division will provide training to Field personnel. FOH and/or the OSH Division will conduct respirator fit testing. Personnel who cannot be properly fit tested or who do not receive a medical clearance will not be required to wear a N95 or tight fitting respirator. Other options such as a loose fitting hood are available. Personnel who cannot be provided adequate respiratory protection will not perform duties with risk of exposure. Fit testing will be conducted and prioritized for those personnel at greatest risk of exposure (i.e., Agriculture Specialists will be fit tested first due to a greater exposure potential to Avian Influenza).
- **Training** – Employees required to wear a N95 respirator will receive training on the proper use of the N95 respirator and how to perform a user seal check. Training will be provided in two parts. Part 1 will be provided via the CBP Virtual Learning Center and the second part will be provided by FOH when they conduct the fit test.

Disposable Outer Garments, Coveralls, and Aprons – Protective outerwear shall be disposable, light-duty, vinyl (or equivalent), covering the upper and lower torso and worn when splashing of contaminated materials is anticipated. Coveralls should be disposable (Tyvek® or equivalent), general-purpose coveralls; preferably with elastic wrist and ankles, for use in exceptionally dirty environments. Tyvek and other disposable coveralls will be discarded whenever they become damaged or contaminated with infectious material. When wearing coveralls or outer garments, gloves will remain on while removing outer garments to avoid contamination of hands. Employees will not go on break, eat, drink, smoke, or use restrooms while wearing protective clothing. Outer garments that are not contaminated with infectious material or damaged may be re-worn for the remaining shift or workday. Re-usable aprons, if used, will be disinfected and re-used. **Caution: Coverall materials may not breath and body heat may be retained. Take steps to prevent hyperthermia. Promptly dispose of after wearing.**

Face and Eye Protection – Contact with the eyes and mucous membranes have been known to be a source of infection when not properly protected. Protective eyewear should include goggles that are non-vented or indirectly vented, a face shield, or safety glasses that will protect the membrane of the eyes from the splatters when cleaning solutions are used. Goggles and eye protection are not disposable and should be cleaned, disinfected and re-used. Damaged goggles will be replaced.

PPE Disposal (Contaminated Items) – Used PPE will be discarded after use. PPE that has been used in conjunction with symptomatic passengers/members of the public or come in contact with infectious material will be considered contaminated, placed in a red biohazard bag, and disposed of accordingly. Existing CBP policies and local procedures for disposal of contaminated waste will be used (see local blood borne pathogens local procedures). Non-contaminated PPE and PPE that has only been used as a precaution can be disposed of with regular waste.

Infectious Material/Bodies – Infectious material may consist of the following type items: 1) PPE used around symptomatic passengers; 2) tissues, clothing, pillows, and other personal belongings that symptomatic or sick people have been using; 3) sick or infectious birds, bird

parts, feathers, cages, and containers used to crate infectious birds; 4) material used to clean up contaminated work areas, work surfaces, and equipment; and 5) bodies of persons who have died as a result of Avian or Pandemic Influenza. Infectious material of any kind should not be handled directly without proper barrier protection. All infectious material will be bagged using red bio-hazard bags and disposed of as infectious waste. Human bodies that are discovered on vessels, aircraft, vehicles, and other conveyances will be treated as potentially infectious and should only be handled by local EMS or public health authorities.

Avian Influenza (H5N1) Cleaning and Disinfection Procedures

Routine cleaning and disinfecting is another one of the best ways of preventing the spread of infection. Recommendations are based on standard infection control practices and available information about the virus that causes H5N1 avian influenza. In general, use disposable items whenever possible. Use a wet cleaning and disinfecting process to reduce the chance of re-aerosolizing infectious material. Clean surfaces regularly to remove visible dirt and keep surfaces dry to prevent the growth of microorganisms. Prompt disinfecting is recommended at least when there are known or suspected areas of contamination. More frequent cleaning may be beneficial for floors in hotter, more humid climates where the viability and sustainable life of microorganisms may be considerably greater. CBP personnel performing the cleaning/disinfecting tasks should be offered the current seasonal influenza virus vaccine to reduce the possibility of dual infection with avian and human influenza viruses. Also, notify the head of any contract cleaning service when there is a potential of environmental exposure to their personnel. The following information is provided to further minimize the potential transmission of the avian influenza virus. Always read and comply with product labels.

- **Detergents** are used to loosen and wash away dirt and organic load that may contain microorganisms. Most household detergents intended to clean up kitchens and bathrooms are satisfactory.
- **Sanitizers** are used to kill microorganisms (99.9%). Read and comply with product label information. The normally required contact time is 30 seconds before wiping dry.
- **Disinfectants** (EPA registered) are used to kill microorganisms (100%). The normally required contact time is 10 minutes before wiping dry.
- **PPE Required for Disinfecting and Cleanup Operations** – The Material Safety Data Sheet (MSDS) and the CBP Area Safety Manager should be consulted to determine chemical hazards and PPE requirements. Some of the PPE that may be needed include goggles, gloves, aprons, and/or coveralls, and N95 respirator (see respirator program guidance earlier in this document).
- **Aviation Sanitation (And Bird Strike Cleanup)** – Two avian-related aircraft concerns are bird strikes to the exterior of the aircraft and transporting a potentially infected individual in the interior of an aircraft:

CDC guidance for commercial airline cleaning crews is provided in CDC Interim Guidance (http://www.cdc.gov/travel/other/avian_flu_airlines_cleaning_update_120505.htm) and The International Air Transport Association (http://www.iata.org/whatwedo/health_safety/aviation_communicable_diseases.htm).

After transporting a known or symptomatic individual, exits and doors should be closed and the aircraft air conditioning turned on at maximum capacity for several minutes in

accordance with the airing time specified by aircraft manufacturers to provide at least one complete air exchange. Non-pressurized aircraft should be aired out, with exits and doors open long enough to ensure a complete air exchange. Cleaning should be postponed until airing out is complete. Compressed air that might re-aerosolize infectious material should not be used for cleaning the aircraft. Areas outside of the contaminated area of the aircraft should be cleaned and maintained according to manufacturer's recommendations. Normally clean from clean to dirty areas to avoid spreading the contamination. Areas inside of the contaminated area of the aircraft should be cleaned and disinfected in accordance with manufacturer's recommendations. Localized spills of body fluids should be cleaned by placing absorbent material (i.e., paper towels) over the spill, spraying with an aircraft approved disinfectant, and collecting the used cleaning material in a biohazard bag. Ground service personnel should be notified of the spill location and the clean up performed. Contaminated web seats or seat cushions should be placed in a biohazard bag and labeled with the location and type of contamination for later disposal or cleaning. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions.

- **Marine Sanitation** – Boats may occasionally be spotted with bird droppings. Use a biodegradable solution. Soak exterior surfaces with solution. Let it soak for 15 to 30 minutes. Rinse all surfaces with high-pressure water. Inspect for possible remaining organic material. Repeat process if necessary. Let it drain and dry. Ventilate interior by operating the boat's ventilation system in the fresh air mode. Spray interior with a disinfectant (Lysol® or equivalent) and allow to air dry.
- **Cleaning Vehicles (And Bird Strike Cleanup)** – Use an automatic, hands-free car wash when possible. When not possible, manually soak exterior surfaces with soapy water. Leave it to soak for 15 to 30 minutes. Rinse all surfaces with high-pressure water. Wash down the wheels and wheel arches. Inspect for possible remaining organic material. Repeat this process if necessary. Let it drain and dry. Ventilate interior by operating the vehicles ventilation system in the fresh air mode. Spray interior with a disinfectant (Lysol® or equivalent) and allow to air dry.
- **Cleaning Tools** – Wash with detergent solution. Use a low-velocity mist spray. Do not use high pressure and/or a concentrated stream because they may scatter the droppings before they can be adequately wetted. A portable, hand pressurized sprayer may be used. Gently scrub. Wash from clean to dirty areas. Rinse with water. Saturate with disinfectant if item has been exposed to heavy soil and let air-dry.
- **Home Laundered Uniforms** – Influenza viruses survive on uniforms (cloths), search gloves, paper, and tissues, up to 12 hours. The risk of contamination is low for persons handling laundry. Do not shakeout laundry prior to washing. If potentially contaminated, wash your uniform separately. Heavily soiled clothing should be disposed. Clean using soap/detergent and hot water at 140°F (60°C) or above. If lower temperature washes are used 113°F (45°C), the addition of sodium hypochlorite (bleach) to white fabrics will promote decontamination. If clothes cannot be cleaned daily, secure them in a tightly closed laundry bag. Wear impermeable gloves and apron if handling soiled laundry. Wash hands after removing gloves
- **Cleaning Internal Environmental Surfaces** – Influenza viruses can survive on non-porous and plastic surfaces for up to 48 hours. Clean and/or disinfect commonly touched surfaces, such as: door handles, elevator buttons, tap handles, telephones, keyboards/mouse/track balls, TV controls, phones, refrigerator/microwave doors, and restroom touch-points. Environmental cleaning of surfaces following the death of a symptomatic individual (detainee) or bird requires PPE. Some small appliances may have to be unplugged prior to cleaning with liquid solution. Consult your CBP Area Safety Manager for assistance. Secure known or suspected contaminated areas prior to cleanup. Identify persons who

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may have picked up contamination from this area and evaluate their exposure and decontaminate if necessary. Treat the surface and debris with a detergent solution. Remove the soil, bird waste, or debris from the surface. Wash surfaces thoroughly to remove any remaining filth. Wash from clean to dirty areas. Re-treat the surface with a disinfectant to remove any remaining germs, bacteria, or odors. For items that cannot be washed or dry cleaned (i.e., upholstered furniture), air dry them in the sun and then spray them thoroughly with a disinfectant. Steam clean carpeting.

- **Cleaning External Environmental Surfaces** – Bird excrements can accumulate to a point that removal may be best done by professionals under a contract. Consult your CBP Area Safety Manager for advice. Saturate with detergent solution to prevent the debris and any pathogens from becoming re-aerosolized. Use a low-velocity mist spray. Do not use high pressure and/or a concentrated stream (i.e., hose nozzle) because they may scatter the organic material before it can be adequately wetted. A portable, hand pressurized sprayer is satisfactory for applying limited amounts of water. Gently scrub. Wash from clean to dirty areas, while hosing with water.
- **Decontaminating Shoes** – Bird holding areas may require shoe cleaning to prevent tracking contaminated material into clean areas (when disposable shoe covers are not available). This should be done in accordance with the Animal Plant Inspection Service (APHIS) Treatment Manual. Consult a CBP Agriculture Specialist for interpretation and assistance. Thoroughly clean all visible soil and debris from footwear with soap and water or hose and/or brush. Tacky mats may be useful in removing soil from the bottom of shoes. Footwear may be disinfected by dipping or brushing with at least 1:10 bleach or 1% Virkon®S solution (used by CBP Agricultural Specialists) when exiting bird dirty/dusty areas. As an added precaution, footbaths containing disinfectant may be placed at the entrance to potentially dirty (contaminated) floor areas to clean entering and exiting footwear.

Maintaining good health is another good way of preventing the spread of infection.

Personnel are encouraged to eat well and get plenty of sleep. Get the seasonal influenza virus vaccine annually to reduce the possibility of dual infection with avian and human influenza viruses. All individuals should (as a normal routine) monitor their health for fever, respiratory symptoms, and/or conjunctivitis (i.e., eye infections). In the unlikely event of becoming ill, travel only to seek medical care. See your Collateral Duty Officer or CBP area safety manager for further assistance.

1. References

- CBP Occupational Safety and Health Handbook, CIS HB 5200-08A May 2003
- Title 29, Code of Federal Regulations 1910, Subpart I, Personal Protective Equipment.
- Title 29, Code of Federal Regulations 1960, Basic Program Elements for Federal Employees



U.S. Customs and Border Protection

Office of Public Affairs



Operations Plan for **PANDEMIC RESPONSE**

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ANNEX IX

OFFICE OF PUBLIC AFFAIRS OPERATIONS PLAN FOR PANDEMIC RESPONSE

ORIGINATING OFFICE: OPA

DATE: SEPTEMBER 2007

SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

U.S. Customs and Border Protection (CBP), Office of Public Affairs (OPA) is responsible for the dissemination of information to the public and to employees, and at no time is it more important to carry out that responsibility than in times of national emergency. Whether the emergency occurs at our ports of entry, along the thousands of miles of our borders, or within their confines, the Office of Public Affairs has an essential role to play in informing and reassuring the public and our employees.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

PREPAREDNESS ACTIVITIES

- It is essential to identify a local spokesperson as soon as possible and that Headquarters officials, the designated local spokesperson, and the principal field officer/Public Affairs Officer are distributing the same information (speaking with one voice). Proposed responses to media queries shall be coordinated as soon as possible with the servicing Public Affairs Officer and CBP Headquarters. The CBP Headquarters Office of Public Affairs is responsible for coordinating the release of information with the Department of Homeland Security Public Affairs. Overseas, host governments, and the U.S. Department of State have primary responsibility for managing incidents that involve U.S. citizens or property, including possible attacks on U.S. Government agencies or installations. Further coordination should be affected with appropriate state/local entities that have a jurisdictional interest in the incident.

Phase I – Outbreak in Animals within North America

- Every effort must be made to disseminate accurate, complete, and timely information to the public without compromising operational activities.
- Consistent with operational security and safety requirements, news media representatives will be provided with opportunities to cover activities directly and conduct interviews with designated spokespersons from the very first stages of contingencies.

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- Public affairs programs should be initiated and public affairs staffs should be augmented at the earliest stage of a contingency to provide a coherent, consistent response to immediate media and public interest.
- Personnel addressing the news media will maintain security at the source, i.e., divulge no sensitive information to the news media. An on-scene Public Affairs Officer and the Assistant Commissioner, Office of Public Affairs, will be notified immediately should a media representative gain access to sensitive information.
- The on-scene Public Affairs Officer should make clear to reporters that CBP has no wish to restrain news coverage and is only interested in preventing release of sensitive material.

OPA Roles and Responsibilities

- The CBP Assistant Commissioner, Office of Public Affairs, will be informed as soon as practicable in the event of an accident and in advance of any planned expansion of operations, including plans for increased public affairs activities to ensure coordination with other CBP offices and DHS OPA, which will review the plan and provide guidance.
- During contingencies/emergencies, the level of local, regional, national, and international governmental, media, and public interest will dictate the level from which public affairs activities will be directed and coordinated.
- CBP OPA staff will refer to the Rapid Response Communications Guide during contingencies/emergencies. This guide is designed to equip OPA staff with the tools necessary to manage communications in a national crisis. It provides key resources so that Public Affairs staff can effectively communicate key messages to the public and CBP employees.

Immediate actions to be taken in a crisis situation:

First 30-60 minutes:

1. First 30 minutes
 - (If field) notify HQ leadership, chain of command, HQ OPA;
 - HQ OPA coordinate with DHS;
 - Provide first assessment and plan for next steps;
 - Communicate with general public; and
 - Update Web site.
2. First 60 minutes
 - Initiate alert notification and call in extra staff;
 - CBP HQ OPA coordinate with DHS OPA;
 - Assign roles for data collection – writer, media monitor, phones;
 - Designate spokespersons from advance list;
 - Contact state, local, federal partners;
 - If major event, send national video/photo team and PAO coordinator; and
 - Connect with Joint Information Center established by DHS.

First 24-48 hours

1. First 24 hours
 - Communicate through radio, Web site, TV;

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- Issue a statement that addresses both media and public—give basic facts, refer to other information sources, note that agency has process in place;
- Coordinate talking points with DHS;
- Tell media where to get updates;
- Start and maintain monitoring for accuracy;
- Contact state, local, federal partners;
- Open toll-free information numbers for media and public (as appropriate); and
- Start monitoring calls from the public for trends and rumors.

2. First 24-48 hours

- Establish satellite feed either by HQ or coordinated with HQ;
- Fact sheets;
- Video; and
- Third-party spokesperson.

If you are designated as the spokesperson:

You should work closely with your assigned PIO, who will help you prepare a one page credible, comprehensible, and concise key messages paper or talking points for the interview. Message development includes:

Organizing Your Facts

- Anticipating the interviewer's questions and concerns.
- Knowing what you want to say.
- Knowing what you cannot say (ongoing investigations, classified material, etc.).
- Having an agenda (prioritize your key messages).

Dos and Don'ts in Working with the Media

- *Nothing* is ever "off the record." If a media representative asks to "go off the record," don't go there.
- Don't try to answer a question if you don't know the answer—*never speculate or guesstimate*.
- If you are asked a question unrelated to your work and expertise, make an appropriate referral.
- Always stay within your area of experience and expertise.
- *Never, never* attempt to discuss CBP or DHS-wide established policy, unless approved prior to the interview.
- Rely on your PIO for advice and counsel. Her/his job is to assist and prepare you for the media.
- *Never* agree to an open-ended interview: with Radio/TV, 15 minutes; with print, 30 minutes.
- Be accommodating, but not at the expense of disrupting/jeopardizing CBP operations.
- Absent a PIO, the media representative(s) must be escorted at all times by a senior officer or agent.
- Interviews of passengers and pedestrians are not allowed within inspection areas.
- Always assume that a nearby camera or microphone is running and may capture whatever you say.
- Remember to represent the management and all of CBP with courtesy and professionalism.

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Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Continue all actions identified in Phase I.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all actions identified in Phases I and II.

Phase IV – First Wave, Global or North America Pandemic

Continue all actions identified in Phases I, II, and III.

Phase V – Follow-on Waves, Global or North America Pandemic

Continue all actions identified in Phases I, II, III, and IV.



U.S. Customs and Border Protection

Office of Training and Development



Operations Plan for

PANDEMIC RESPONSE

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ANNEX X

OFFICE OF TRAINING AND DEVELOPMENT OPERATIONS PLAN FOR PANDEMIC RESPONSE

ORIGINATING OFFICE: OTD

DATE: SEPTEMBER 2007

SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

The Office of Training and Development (OTD) is an important mission support component of CBP, the federal law enforcement organization charged with managing our Nation's borders. A pandemic event will impact CBP's operations, and therefore will impact the way OTD and other mission support components in CBP support those operations. OTD and each of its component divisions will continue to support CBP operations as directed by the Commissioner, within the context of the OTD pandemic event mission plan.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

PREPAREDNESS ACTIVITIES

Mission Support Division (MSD) Continuity of Operations

The overall goal of the MSD COOP plan is that the division can continue to operate and support OTD and CBP from any location--not just the RRB.

With minimal support (e.g. electrical power and either dial-up or and/or high speed internet), the Division will be able to operate from virtually any location; the staff's homes, alternative sites provided by civil authorities, or alternative workplaces by CBP/DHS.

1) Ensure the Continuity of Continued Operations in OTD

The Mission Support Division (MSD) is preparing for possible COOP scenarios by equipping the Branch Chiefs and most of its analysts with CBP laptops providing both dial-up and high-speed connections to CBP systems and shared file storage facilities. Moreover, most of the staff has been issued Blackberry devices to provide wide-area wireless access to CBP e-mail calendaring applications.

With this capability, the staff will be able to perform all functions in SAP, CATS, etc. that will be necessary to support OTD and CBP operations even if they are not able travel to their duty station.

As a further redundancy, 1 gigabyte (GB) Universal Serial Bus (USB) data storage devices (i.e., thumb drives) have been procured for all MSD staff so that they may maintain a separate backup of critical files in case CBP centralized file storage cannot be reached. These drives will be distributed shortly.

Most MSD staff are cross-trained within their Branches so that one analyst can address the actions needed in multiple program areas. For example, in the Financial Resources Branch, any one of the three analysts can move funding in any OTD suballotment be they Operational or National Training Plan (NTP). In Human Capital, each of the analysts can enter personnel actions across OTD organizations.

Lastly, more than one person in most cases holds a given system authority. The Division Director and the Chief of the Financial Resources Branch are both Organization Head and Budget Officer in SAP allowing either one to approve procurement requests and other actions.

2) Provide essential training services to CBP

While MSD does not directly provide training services to CBP, MSD is working to ensure that support issues such as funding allocation is complete so that training providers do not encounter difficulties delivering training in areas such as travel authorization approval and supply purchases.

MSD is in constant contact with other OTD staff to ensure that funding is in position and allocated in advance of need to reduce the potential for disruption. MSD will obtain from each of the OTD academies/training centers (BPA, FOA, CCEP, CCFR, HFATC and Professional Development Center) a point of contact to coordinate communications regarding training cancellations, continued training, etc.

3) Make no less than 10% of uniformed OTD staff available for TDY assignments
While MSD does not contain any uniformed staff, the flexibilities described above will enable MSD to realign resources quickly in the event additional travel funding is needed.

4) To the extent possible in the context of the mission, reduce risk of negative consequences of a pandemic event to OTD staff and their families.

The steps taken to date will allow most MSD staff to operate from virtually any location with minimal support assuming electrical power and either phone lines and/or high-speed internet is available. This should allow them to operate from their homes or alternate locations if necessary in the event they are relocated by civil authorities or established in alternative workplaces by CBP/DHS.

This will also provide flexibilities related to child/elder care issues in the event schools are closed and OTD staff is required to stay with either healthy or sick children, family, or significant others.

5) Make all OTD resources available for reallocation by the Commissioner.

In summary, the MSD staff is preparing to be as flexible as be possible to respond to direction to realign resources either within OTD or to other CBP organizations.

Activities or resources that are not vital to a given response can be curtailed or eliminated as needed to release these resources for other uses. MSD constantly evaluates the flexibility of resources provided so that they may be used to the maximum extent of the law and/or regulation.

Office of Training and Development (OTD): Operations Plan during a Pandemic Event

EXECUTION

During a pandemic event, OTD will:

- 1) Ensure the continuity of continued operations in OTD;
- 2) Provide essential training services to CBP;
- 3) Make no less than 10% of uniformed OTD staff available for TDY assignments; and
- 4) To the extent possible in the context of the mission, reduce risk of negative; consequences of a pandemic event to OTD staff and their families;
- 5) Make all OTD resources available for reallocation by the Commissioner.

OTD Headquarters Continuity of Operations (COOP)

OTD will maintain, to the fullest extent possible under existing conditions, its standard chain of command and reporting relationships during a pandemic event.

- 1) During a pandemic event, headquarters OTD will continue in its standard training support role, prepared to reduce lower priority training, cancel training, or otherwise adjust training programs as required.

OTD headquarters will ensure that essential basic systems for all OTD components continue if CBP support functions are compromised, including employee pay, communications, procurements and travel.

- 2) OTD will be prepared to develop new training or information and distribute materials to the field through the CBP virtual learning center online and other means.

OTD will:

- a. Use expedited processes to establish standard business cases for new training products, or waive the standard business case process as the OTD AC/DAC deem necessary given existing circumstances.
 - b. Add training development and production capability by modifying contracts, doing work in-house, through inter-agency agreements, or other means.
- 3) OTD will make no less than 10% of its uniformed law enforcement personnel available for temporary duty assignment to operations or other functions as directed by the Commissioner.

To the extent in-residence training at the Field Operations and Border Patrol Academies is reduced, OTD will maintain its uniformed officer and agent staff in a quick response status. OTD will mandate training for all of the office's uniformed officers and agents to coincide with training that will be implemented in the field. OTD will take such steps as necessary to have 10% of its uniformed staff ready to report for TDY assignments within 72 hours of notification.

- 4) OTD will reduce the risks to its own personnel posed by a pandemic event to the extent possible, within the context of the mission.

OTD will ensure that such protective measures as are available are maintained in readiness in OTD, including training, equipment, and supplies. In addition, OTD will

organize its operations in a way that allows for continuity of operations with a significant segment of staff working from home.

- 5) Make all OTD resources available for reallocation by the Commissioner.

Canine Center – Front Royal (CCFR) COOP

CCFR will maintain its standard chain of command and reporting relationships during a pandemic event.

- 1) During a pandemic event, CCFR will continue in its standard training support role, prepared to reduce lower priority training, cancel training, or otherwise adjust training programs as required.

CCFR will ensure that essential basic systems for all CCFR components continue if CBP support functions are compromised, including employee pay, communications, procurements, travel, animal care and training center maintenance.

- 2) CCFR will be prepared to deliver new training or information and distribute materials to the field.
- 3) CCFR will make no less than 10% of its uniformed law enforcement personnel available for temporary duty assignment to operations or other functions as directed by the Commissioner.

To the extent in-resident training at the OTD Canine Enforcement Training Academy is reduced, CCFR will maintain its uniformed officers in quick response status. CCFR will take such steps necessary to have 10% of its uniformed staff ready to report for TDY assignments within 72 hours of notification.

- 4) CCFR will reduce the risks to its own personnel posed by a pandemic event to the extent possible, within the context of the mission.

CCFR will ensure that such protective measures as are available are maintained in readiness at the CCFR, including training, equipment, and supplies. In addition CCFR will organize its operations in a way that allows for continuity of operations with a significant number of staff working from home. CCFR will also make available its facility and resources as an alternate work site for TDY personnel or other personnel unable to commute to their normal work site in Northern Virginia or Washington, D.C.

- 5) Make all CCFR resources available for reallocation by the Commissioner to include portable radios, vehicles, kennel space, dog trailers, etc.

Canine Center – El Paso (CCEP) COOP

During a pandemic event the CCEP, a component division of OTD, will continue to support CBP operations as directed.

The CCEP will maintain its standard chain of command and sustain existing reporting relationships.

- 1) During a pandemic event, the CCEP will continue in its standard training support role including essential facility operations, i.e., animal health care, etc.

In the event that standard training cannot be maintained, the CCEP will prepare to reduce training and/or cancel lower priority training as required.

- 2) Within the context of its support mission, the CCEP will provide essential training for CBP personnel onsite and will assist CBP field elements with obligatory training as required and/or directed.
- 3) CCEP will make permanently uniformed law enforcement staff personnel available for temporary duty assignment to operations or other functions as directed by OTD Headquarters.

The CCEP will maintain all uniformed law enforcement staff not actively involved in ongoing training operations in a quick response status, taking such steps as necessary to have available uniformed staff ready to report for TDY assignments within 72 hours of notification.

- 4) The CCEP will minimize risk to permanent staff and detailed personnel posed by a pandemic event to the extent possible, within the framework of its defined mission requirements.

The CCEP staff will ensure that available protective measures are maintained in readiness at the facility, to include appropriate training, equipment, and supplies. Additionally, the CCEP will modify operational functions to minimize onsite administrative support requirements and to the extent possible allow support personnel to fulfill their duties from home via secure online connections.

- 5) All OTD/CCEP resources will be identified and made available for reallocation by the Commissioner.

Border Patrol Academy COOP

The Border Patrol Academy (BPA) is responsible for developing, researching and delivering basic training programs that help prepare students to become professional, knowledgeable, and proficient Border Patrol Agents.

- 1) In the event of a Pandemic situation, training operations at the Border Patrol Academy will go on as scheduled. If standard training cannot be maintained, the BPA will prepare to reduce training and/or cancel lower priority training as required.
 - a. Facilities: If academy classrooms are negatively affected, the Staff will coordinate with local and state school officials for the possible use of their buildings, gymnasiums and lecture halls.
 - b. Transportation: All available vehicles will be utilized to continue with the training mission.
 - c. Personnel: The Office of Human Resources (OHR) will be responsible for supplying personnel to fill the basic academy classes.
- 2) Border Patrol Academy personnel will assist and or provide training to other CBP entities at the request of the OTD.
 - a. A Staff Officer will be made available to coordinate this action with the OTD, the Office of Border Patrol (OBP), Border Patrol Sectors and other CBP Offices.
 - b. Certified Academy Instructors will be placed on stand-by if needed.

- c. If the BPA needs to bring Instructors in from the Sectors and or another facility, the BPA will provide funding for Instructor travel, meals and incidentals.
- 3) BPA will make no less than 10% of its uniformed law enforcement personnel available for temporary duty assignment to operations or other functions as directed by the Commissioner.
- 4) The safety and security of the Academy Staff and their families will be a top priority. The staff will ensure that available protective measures are maintained in readiness at the facility, to include appropriate training, equipment, and supplies. Additionally, the BPA will modify operational functions to minimize onsite administrative support requirements and to the extent possible allow support personnel to fulfill their duties from home via secure online connections
- 5) All OTD resources will be made available to the Assistant Commissioner for deployment and reallocation. Continuous contact will be maintained with the OTD, HRM, OBP and the Sectors.

Advanced Training Center (ATC) COOP (Harpers Ferry & Ft. Benning)

As the principle CBP in-service training center, the ATC directly contributes to the overall mission support component of OTD within CBP.

A pandemic event will impact CBP's operations and therefore will impact the way OTD, and subsequently the ATC, contribute to and support those operations. The ATC will continue to conduct its training delivery mission and support overall operations within CBP as directed by the Assistant Commissioner, OTD.

- 1) Ensure the continuity of continued operations.
 - The ATC will maintain its standard chain of command and reporting relationships during a pandemic event.
 - In coordination with HQ, the ATC will ensure that essential basic systems for all operations at the ATC continue.
 - If OTD or CBP support functions are compromised, the ATC will, to the greatest extent possible, ensure that essential basic systems for all operations at the ATC continue. This may include employee pay, communications, procurements and travel.
- 2) Provide essential training services to CBP.
 - During a pandemic event, the ATC will continue in its in-service/advanced training role.
 - The ATC will be prepared to reduce lower priority training, cancel training, or otherwise adjust training programs as required.
 - When requested or required the ATC will be prepared to develop new training or information, assist with the development of new training (this may include the use of facilities, equipment, as well as personnel), and distribute materials to the field.

- 3) **Make uniformed Staff available for TDY assignments**
 - The ATC will make uniformed law enforcement personnel available for temporary duty assignment to operations or other functions as directed by the Assistant Commissioner, OTD.
 - The ATC will maintain its uniformed officer and agent staff in a quick response status. The ATC will take such steps as necessary to have a portion of its uniformed staff ready to report for TDY assignments within 72 hours of notification.
- 4) **To the extent possible, in the context of the mission, the ATC will make every effort reduce the risks posed by a pandemic event to the staff and their families**
 - The ATC will ensure that such protective measures as are available are maintained in readiness at the ATC, including training, equipment, and supplies.
 - In addition, where possible, the ATC will organize its operations in a way that allows for continuity of operations with a segment of staff working from home.
- 5) **Make all OTD resources available for reallocation by the Commissioner.**
 - Make all ATC facilities and resources available for use or reallocation (as appropriate) by the Commissioner, as directed by the Assistant Commissioner, OTD.

Field Operations Academy (FOA) COOP

The CBP Field Operations Academy COOP is activated by the CBP Field Operations Academy Director and concurrently communicated to SECTOR, the Headquarters Situation Room, and OTD Headquarters (HQ). There are several goals of this COOP:

- Safety and security of the CBP Field Operations Academy students and visiting faculty;
 - Safety, security, and continuity of training operations at the CBP Field Operations Academy;
 - Safety and security of critical records to include training material, student records and administrative information;
 - Safety and security of Automated Data Processing (ADP) server and related equipment and data located on the Local Area Network (LAN);
 - Budget execution to cover critical Academy expenses;
 - Payroll approval.
- 1) In the event essential FOA and OTD HQ staff fail to report due to bird flu outbreaks the FOA would seek concurrence from OFO to reduce training levels and/or programs. Reduction in training may result in cancellation of lower priority training programs.
 - 2) The FOA could reach out to the FLETC for available resources in order to augment staffing.
 - 3) The FOA would be prepared to deploy CDI's to field locations and assist with operations. The FOA would solicit volunteers, in the event a shortage exists; workload vs. staffing resources mandatory deployment would be implemented. The FOA in conjunction with OFO could assist with identifying those students who have completed firearms, required law course, and physical techniques training for possible deployment to various field locations from the FOA. Basic students who do not wish to volunteer or do not meet the requirement for deployment will be returned to their duty station.

- 4) Staff who become ill due to the bird flu outbreak would be instructed to seek medical attention from a private physician or report to the FLETC medical clinic for consultation and disposition. Students will be required to report to the FLETC medical clinic for consultation and disposition. The FOA would coordinate detention and quarantine procedures with the FLETC for both staff and students.
- 5) The Field Operations Academy would make all OTD resources available for reallocation by the Commissioner. As an example, if vehicles are needed, those government vehicles in use at the Field Operations Academy could be deployed to the field.

Border Enforcement Training Division (BETD) COOP

As the division responsible for program management of OTD training programs, the Border Enforcement Training Division (BETD) will ensure resources are focused on training dedicated to supporting CBP during Avian Flu pandemic. Emphasis will be placed on Academy training and training support for Academy personnel while ensuring continuation of all training necessary for CBP field operations. BETD will also ensure CBP personnel are provided critical training required to support the agency's Anti-Terrorism objectives throughout the pandemic.

- 1) BETD operations will continue as efficiently as possible with division personnel directed to telecommute. Secure access to crucial training material will be maintained prior to a declared pandemic. Essential personnel will be issued laptops capable of accessing secure data necessary to maintain BETD continuity. BETD will continue to provide Anti-Terrorism training consistent with established CBP priority. This would include training necessary to prevent an intentional Avian Flu infection by potential terrorist.
- 2) BETD will monitor OTD program priorities to ensure maximum effort is concentrated on Avian Flu training and support for CBP. This would include daily contact with designated DHS and OGA experts. This would include regular discussions with Office of Intelligence to ensure up-to-date and timely dissemination of intelligence information regarding the pandemic is made available through expeditious training.
- 3) BETD uniformed personnel are required to maintain weapons qualifications and a full inventory of proper uniforms/equipment. All BETD uniform personnel will be available for reassignment as needed on short notice.
- 4) BETD government and contract personnel will telecommute, as directed, whenever possible to reduce the risk to themselves and their families to needless exposure of the virus. Personnel will not be required to report on-site unless absolutely necessary. This process will be tested prior to a declared pandemic.
- 5) BETD will make all division personnel available for reallocation at the direction of the Commissioner. Appropriate access to critical training material, database information and training equipment will be maintained as necessary even if BETD personnel are reallocated.

Leadership and Organization Development Division (LODD) COOP

Overview: During a pandemic event, LODD will provide essential training in mandatory courses to the extent that participation in such classes does not hinder focus on frontline operations and CBP's ability to ensure the safety of employees and their families.

- 1) During a pandemic event, LODD will be prepared to reduce training or cancel classes that interfere with frontline needs.

- 2) LODD will be prepared to deliver new training using on-line methods, to ensure that supervisors/managers are prepared for their crisis roles.
- 3) LODD will make its uniformed law enforcement supervisors available for temporary duty assignments to operations or other functions as directed by the Commissioner.
- 4) LODD will reduce the risks to its own personnel by ensuring that they are skilled in using provided protective gear and that they are prepared to assist in an orderly shutdown of training or other crisis activities from home.
- 5) Make all LODD resources available for reallocation by the Commissioner.

Workforce Development Division (WDD) COOP

Overview: During a pandemic event, WDD will provide essential training in mandatory courses to the extent that participation in such classes does not hinder focus on frontline operations and CBP's ability to ensure the safety of employees and their families.

- 1) During a pandemic event, WDD will be prepared to reduce training or cancel classes that interfere with frontline needs.
- 2) WDD will be prepared to deliver new training using on-line methods, to ensure that supervisors/managers are prepared for their crisis roles.
- 3) WDD will make its uniformed law enforcement supervisors available for temporary duty assignments to operations or other functions as directed by the Commissioner.
- 4) WDD will reduce the risks to its own personnel by ensuring that they are skilled in using provided protective gear and that they are prepared to assist in an orderly shutdown of training or other crisis activities from home.
- 5) Make all WDD resources available for reallocation by the Commissioner.

Training Production and Standards Division (TPSD) COOP

In support of new training development, TPSD will coordinate with subject matter experts (SMEs) to develop and determine training content and best delivery approaches (methodology) using available electronic (e.g., LMS) or other innovative (other agencies electronic or print) training delivery systems. Should the event occur at the Headquarters location, the Research & Evaluation branch in Glynco will continue the division functions until the event is over, the area declared safe for normal activities or the agency discontinues operations.

- 1) Reduce the risk of negative consequences to OTD contractors by allowing them to work offsite and transmit work to TPSD
- 2) Ensuring the continuity of continued operations by having backup copies of training content or courses that can be accessed by OTD employees via laptop or blackberry.
- 3) Ensuring the continuity of continued operations by coordinating with OIT in regard to regular periodic backups of the Virtual Learning Center (VLC) and Learning Content Management System (LCMS) - both daily and weekly
- 4) Delivering broadcast programming and information via CBPTV network to officers and agents located in the ports, sectors and stations reduces the risk of exposure via human contact

- 5) Make all OTD resources available for reallocation by the Commissioner.

Use of Force Policy Division (UFPD) COOP (HQ & Ft. Benning)

UFPD is responsible for use of force policy development and maintenance, use of force equipment purchases and distribution at the Academies, maintenance of an Armory Service Level Agreement with ICE, and use of force training development. UFPD will continue to respond to Use of Force Policy field inquiries and provide guidance, as required. Depending on the severity of the pandemic, UFPD will continue to ship use of force related equipment or arrange shipping to the Academies and the field. Use of Force related training intake processes will likely slow, depending on the pandemic countermeasures required, but electronic delivery of training material should be possible.

- 1) Ensure continuity of continued operations:

UFPD shall coordinate with ammunition, body armor, and firearms manufacturers to discuss the pandemic's effect on supply operations. If use of force equipment supplies are impacted, UFPD will coordinate with the operational components to:

- With ample justification, facilitate waivers from qualification and/or training as required.
- Facilitate operational components in replenishing required ammunition, firearms, body armor, and/or intermediate force devices.
- Use existing supplies of excess (or Academy) firearms and use of force equipment to address short-term field equipment supply shortfalls.

- 2) Provide essential training services to CBP.

Based on exposure lethality rates, determine essential training requirements. Field deliver essential training using UFPD owned vehicles (vs. commercial transportation) to the maximum extent practicable.

- 3) Make no less than 10% of uniformed OTD staff available for TDY assignments.

Develop an UFPD personnel TDY list, in order of descending priority. Ensure UFPD recall information is current and accurate.

- 4) To the extent possible in the context of the mission, reduce risk of negative consequences of a pandemic event to OTD staff and their families.

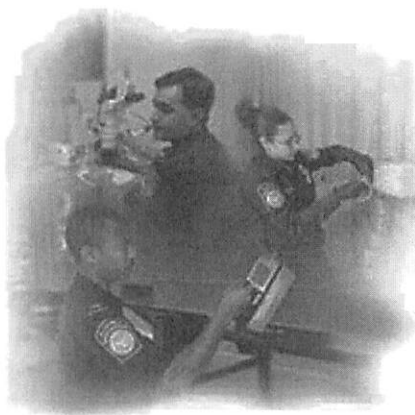
To reduce pandemic risk to UFPD staff, permit workforce to telecommute from CBP out-offices, in a low-risk exposure environment. Permit workforce to work from their homes in medium to high-risk exposure environments. Maintain electronic contact with essential mainframe processes via laptop dial-in communications.

- 5) Make all OTD resources available for reallocation by the Commissioner.



U.S. Customs and Border Protection

Office of Information Technology



Operations Plan for

PANDEMIC RESPONSE

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ANNEX XI**OFFICE OF INFORMATION TECHNOLOGY
OPERATIONS PLAN FOR PANDEMIC RESPONSE**

ORIGINATING OFFICE: OIT**DATE:** SEPTEMBER 2007**SUBJECT:** OPERATIONS PLAN FOR PANDEMIC RESPONSE**PURPOSE**

This Operations Plan is intended to provide planning guidance for U.S. Customs and Border Protection, Office of Information Technology (OIT) in the implementation of specific measures for response to outbreaks of Avian Influenza overseas and in the United States as they correlate to the five threat phases. The plan is divided into four phases reflecting the outbreak's potential progression.

This plan will provide details and address additional considerations during a pandemic response supplementing OIT COOP.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

SITUATION

This operations plan focuses on a response to an outbreak of the Avian Influenza, but can be used as a guideline to any pandemic response of national significance. This plan is designed for pandemic incidents affecting CBP OIT operations at the following locations and will support continuity of operations for all OIT elements:

- Ronald Reagan Building (RRB);
- National Data Center (NDC);
- Field Laboratories (LSS);
- National Law Enforcement Communications Center (NLECC); and
- ALL Field Support locations.

Until such time as an incident is determined to be pandemic, OIT will respond to all emergencies according to the standard protocols documented in the Occupant Emergency Plans (OEP) and Continuity of Operations Plans (COOP) for the affected locations.

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MISSION

The mission of the Office of Information and Technology is to provide CBP with information, services, and technology solutions to secure the border, prevent the entry of terrorists and terrorist weapons, and to facilitate legitimate trade and travel. OIT provides DHS and CBP with a secure, stable, and high-performance IT infrastructure and scientific solutions 24/7 365 days a year.

EXECUTION

Preparedness Activities (Steady-State)

OIT will provide the direction and the necessary tools to ensure that all employees are prepared to innovate and meet the challenges and unanticipated circumstances as they arise. The following actions to prepare for a Pandemic will include, but are not limited to:

- Training – Personnel will complete the CBP Avian Influenza awareness courses offered through the Virtual Learning Center (VLC) on a voluntary basis.
- Table Top Exercises – OIT will participate in any tabletop exercises that will be conducted integrating all CBP components at all levels, using likely phases based on the best current information.
- PPE – Management will identify the personnel that will require personal protective equipment.
- Staffing Plan – Minimum staffing requirements will be identified to maintain all Automated Information Systems (AIS) operations and system availability. In addition, minimum staffing will be identified for NLECC, HQ RRB, Field Offices, and Laboratories to maintain operational control.

Phase I – Outbreak in Animals within North America

Continue all actions identified in the Execution Preparedness Activities.

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Continue all pertinent actions identified in previous phase and maintain Steady-State.

OIT does not have personnel permanently deployed overseas. Personnel are deployed as a request basis with requests handled by INA.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all pertinent actions identified in previous phase, including the following:

The Field Support Branch in coordination with the Tactical Communications Office will prepare for deployment of emergency communications capability both internal and external.

OIT management will monitor employee absenteeism and track flu-related illnesses to report to CDC.

For OIT Northern Virginia locations, Workforce Management Group will take all necessary actions to ensure that all areas are maintained in a clean and sanitized condition.

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**Phase IV – First Wave, Global or North American Pandemic and
Phase V – Follow-on Waves, Global and North American Pandemic**

Continue all pertinent actions identified in previous phase, including the following:

The Field Support Branch in coordination with the Tactical Communications Office will deploy emergency communications capability both internally and externally, as needed. A combination of overtime, travel, and contractor support will be utilized to continue operations at a high level of readiness.

Staffing requirements will be assessed and implemented to ensure operational control considering the following contingencies:

- High employee absenteeism due to illness;
- Deployment to high-risk, high volume locations;
- Deployment to alternate locations;
- Implement “telecommuting” when operationally feasible; and
- Selective closures of offices and re-deployment of personnel to high-risk areas.

The staffing policy will be initiated through suspension of non-essential details, cancellation of leave, and extended shifts and workweek, to continue operations with a reduced workforce.

Workforce Management will work with the CBP Office of Human Resources Management (HRM) to address unwarranted absenteeism and other employee conduct issues.

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U.S. Customs and Border Protection

Office of Finance

Operations Plan for

PANDEMIC RESPONSE

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ANNEX XII

OFFICE OF FINANCE OPERATIONS PLAN FOR PANDEMIC RESPONSE

ORIGINATING OFFICE: OF

DATE: SEPTEMBER 2007

SUBJECT: OPERATIONS PLAN FOR PANDEMIC RESPONSE

PURPOSE

This Operations Plan is intended to provide planning guidance for U.S. Customs and Border Protection, Office of Finance (OF) in the implementation of specific measures for response to outbreaks of Avian Influenza overseas and in the United States as they correlate to the five threat scenarios. The plan is divided into four scenarios reflecting the outbreak's potential progression.

This plan will provide details and address additional considerations during a pandemic response supplementing the OF COOP.

PLANNING PHASES

Preparedness Activities

Phase I – Outbreak in Animals within North America

Phase II – Sustained Human-to-Human Transmission Overseas

Phase III – Sustained Human-to-Human Transmission Outbreak within North America

Phase IV – First Wave, Global or North American Pandemic

Phase V – Follow-on Waves, Global and North American Pandemic

SITUATION

This operation plan focuses on a response to an outbreak of the Avian Influenza, but can be used as a guideline to any pandemic response of national significance. This plan is designed for pandemic incidents affecting CBP OF operations and will support continuity of operations for all OF elements.

Until such time an incident is determined to be pandemic, OF will respond to all emergencies according to the standard protocols documented in the Occupant Emergency Plans (OEP) and Continuity of Operations Plans (COOP) for the affected locations.

MISSION

The mission of OF is to support the CBP mission by providing its customers with the resources and services necessary to carry out their mission. As such, OF plays a critical role in the planning and execution of unique mission support requirements related to flu pandemic.

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EXECUTION

Preparedness Activities (Steady-State)

OF will provide the direction and the necessary tools to ensure that all employees are prepared to innovate and meet the challenges and unanticipated circumstances as they arise. The following actions to prepare for a Pandemic will include, but are not limited to:

- Training – Personnel will complete the CBP Avian Influenza awareness courses offered through the Virtual Learning Center (VLC) on a voluntary basis.
- Tabletop Exercises – OF will participate in any tabletop exercises that will be conducted integrating all CBP components at all levels, using likely scenarios based on the best current information.
- PPE – Management will identify the personnel that will require personal protective equipment.
- Staffing Plan – Minimum staffing requirements will be identified to maintain all financial operations, budget, procurement and asset management operations at CBP HQ, the National Finance Center and the Logistics Centers in Dallas, Indianapolis, and Laguna.

Phase I – Outbreak in Animals within North America

Continue all actions identified in the Preparedness Activities.

Phase II – Sustained Human-to-Human Transmission Outbreak Overseas

Continue all pertinent actions identified in previous phase.

OF does not have personnel permanently deployed overseas.

Phase III – Sustained Human-to-Human Transmission within North America

Continue all pertinent actions identified in previous phase, including the following:

The Executive Director Asset Management, in coordination with operational CBP offices, will prepare for the deployment of emergency supplies and equipment to sustain operations at key ports of entry and operational locations. Asset Management will also evaluate requirements for additional vehicles required for transport operations, and facility modifications and temporary facilities needed to quarantine and control significant numbers of detainees in the border areas.

The Executive Director, Procurement will provide purchasing support for emergency supplies, equipment and facilities as determined by Asset Management.

The Executive Director, Budget will coordinate preparation of budget requirements for CBP activities (travel, overtime, contract facilities, etc.), and will coordinate with FEMA to establish and control Mission Assignment funds and accounting procedures related to pandemic specific response operations.

The Executive Director, Financial Operations will provide travel and payroll processing support to ensure continuity of operations.

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The Executive Director, Asset Management will take all necessary actions to ensure that all HQ areas are maintained in a clean and sanitized condition.

**Phase IV – First Wave, Global or North American Pandemic and
Phase V – Follow-on Waves, Global and North American Pandemic**

Continue all pertinent actions identified in previous phase, including the following:

Asset Management, in coordination with the operational CBP offices, will deploy emergency supplies, equipment, vehicles, and temporary facilities to priority areas as determined by the CBP operational offices.

A combination of overtime, travel, and contractor support will be utilized to continue OF operations.

Staffing requirements will be assessed and implemented to ensure continued operations considering the following contingencies:

- High employee absenteeism due to illness;
- Deployment to high-risk, high volume locations;
- Deployment to alternate locations;
- Implement "telecommuting" when operationally feasible; and
- Selective closures of offices and re-deployment of personnel to high-risk areas.

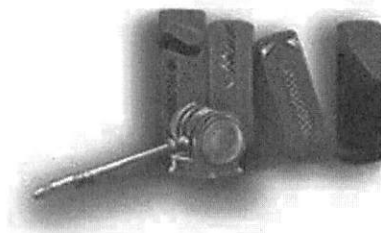
The staffing policy will be initiated through suspension of non-essential details, cancellation of leave, and extended shifts and workweek, to continue operations with a reduced workforce.

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U.S. Customs and Border Protection

Office of Chief Counsel



Operations Plan for

PANDEMIC RESPONSE

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ANNEX XIII**OFFICE OF THE CHIEF COUNSEL
SUMMARY OF RELEVANT AUTHORITIES**

ORIGINATING OFFICE: OCC**DATE: SEPTEMBER 2007****SUBJECT: LEGAL ANNEX – PANDEMIC RESPONSE****PURPOSE**

The development of the CBP Operations Plan for Pandemic Response is an important action for U.S. Customs and Border Protection (CBP) since the Agency is the first line of the nation's defense against a pandemic, both overseas and along U.S. borders. To assist in that effort, this legal annex was prepared to provide a general overview of CBP specific legal authorities in every environment in which CBP works (air, sea, land, and between the ports), and to highlight Department of Homeland Security (DHS) authorities that overlap with the authorities of other agencies and departments. In addition, a summary of relevant authorities belonging to the Department of Health and Human Services (HHS) is also provided.

CURRENT OPERATIONS AND ASSUMPTIONS

Avian Influenza and the threat it presents is constantly changing and evolving. This Annex was written based upon the best information that was available at the time of publication. It was prepared with the National Strategy for Pandemic Influenza, the DHS Pandemic Influenza Contingency Plan (DHS Plan), the CBP Operation Plan for Pandemic Response (CBP Plan), and the latest CBP-HQ Pandemic Influenza Tabletop Exercise held at the National Targeting Center on December 7, 2006, in mind. The document is in a state of continuous flux, and will be revised accordingly, as discussion with other agencies and departments regarding pandemic planning efforts take place, additional tabletop exercises to test pandemic response are held, and the CBP Operational Plan for Pandemic Response is activated and implemented. All of these events may raise additional novel legal issues to be addressed in the future.

This Annex contains the following chapters:

- I. General Overview of Authorities**
- II. Air**
- III. Sea**
- IV. Land**
- V. Between the Ports**

This annex is not an exhaustive reference guide to every legal authority that may be relevant under the circumstances since CBP enforces or otherwise acts based upon any number of statutory and regulatory authorities. Therefore, the Law Course for Customs Officers, published by the Office of the Chief Counsel (OCC), is recommended as another general reference source in addition to this annex. Moreover, the OCC (HQ) or your local Associate/Assistant Chief Counsel's Office should be contacted to answer legal questions and/or provide legal authority and analysis for specific scenarios or fact patterns that arise in the field, between the ports, or at headquarters, since the law constantly evolves and the specific facts of a case are needed to provide a tailored legal answer. Attachment A to this Annex contains a list of all Office of Chief Counsel offices, nationwide, with their contact information. Additionally, if you need legal assistance after regular business hours, an OCC duty attorney may always be reached through the HQ Situation Room.

CHAPTER I. GENERAL OVERVIEW OF AUTHORITIES

As a general rule, the same traditional customs and immigration authorities currently exercised by CBP officers and Border Patrol Agents in the normal course of their duties may be exercised by CBP personnel during and after an influx of pandemic influenza. During a pandemic, however, CBP will assist with the enforcement of authorities related to quarantine and isolation that belong to the Department of Health and Human Services (HHS), based upon a statutory duty to assist (See 42 U.S.C. §§ 97; 268(b)), and an MOU that was signed between HHS and DHS on October 19, 2005, outlining cooperative efforts during times of quarantine (see generally, the Memorandum of Understanding Between the Department of Health and Human Services and the Department of Homeland Security (HHS-DHS MOU)).

As of the date of drafting this annex, the entire scope of assistance which CBP will render to HHS has not been agreed upon by the involved entities. The HHS-DHS Operational Guidelines on Preventing the Introduction of H5N1 Influenza into the United States, an attachment to the MOU, may be helpful.¹ However, based upon discussions held thus far between the departments and preliminary examination of several legal issues, we outline the relevant HHS authorities below, as well as briefly discuss many of CBP's inherent legal authorities that may prove to be relevant and helpful to the U.S. Government during a pandemic period: CBP's broad border authorities, its immigration authorities, and its authorities regarding cargo.

A. General Border Authorities:

CBP has general authority pursuant to the customs and immigration laws (see e.g., 19 U.S.C. §§ 482, 1461, 1496, 1499, 1581, 1582, 1589a, 1595, and 8 U.S.C. §§ 1157, 1357) to examine merchandise, cargo, conveyances and persons upon their entry to, and exit from, the United States, to ensure compliance with U.S. law, and to seize and forfeit conveyances, animals, or other things imported contrary to law or used in the unlawful importation, exportation, or subsequent transportation of articles imported or aliens smuggled contrary to U.S. law (18 U.S.C. § 545; 19 U.S.C. §§ 1595a, 1594, 1603; INA § 274(b) (8 U.S.C. §1324(b)). CBP is responsible for enforcing not only the customs, immigration, and agriculture laws, but other U.S. laws that prohibit or restrict the movement of articles across U.S. borders. See e.g., 22 U.S.C. § 401 (prohibiting the export of war materials and other items in violation of the law).

CBP may conduct searches at the border without a warrant and without probable cause. United States v. Flores-Montano, 541 U.S. 149, 153 (2004). However, any searches performed must be reasonable. United States v. Montoya de Hernandez, 473 U.S. 531, 537 (1985). A nexus to the border is the only requirement for a border search and the actual search does not need to take place at the actual border. It may be conducted at a place considered to be the functional equivalent of the border, such as the port where a ship docks after entering our territorial waters from abroad, or the airport where an international flight lands. See United States v. Prince, 491 F.2d 655 (5th Cir. 1974); United States v. Klein, 592 F.2d 909 (5th Cir. 1979). Extended border searches may also be conducted at places far removed from the border, as long as Customs

¹ The guidance attached to the MOU is intended to provide a guide of the minimum actions that may be taken by DHS personnel in certain circumstances. The provisions associated with CBP personnel were developed in consultation with the CBP Office of Field Operations (OFO) and the Office of the Border Patrol (OBP) and are based upon the procedures that were being typically implemented at the ports of entry (POEs) and between the POEs at the time of the drafting in October 2005. These procedures may have become obsolete, or may not necessarily be appropriate with respect to avian flu. For example, where the guidelines indicate that CBP personnel may parole an alien into the United States who is suspected to be infected with a communicable disease or is in need of further examination or medical treatment, those procedures may now be altered so that CBP personnel may parole the alien into the specific custody of HHS/CDC personnel for quarantine purposes. Consult with your HQ operational office to receive guidance on specific procedures that will be implemented agency-wide.

officers have reasonable suspicion of criminal activity and that the person or thing to be searched is in the same condition as it was when it crossed the border. See United States v. Caicedo-Guarnizo, 723 F.2d 1420 (9th Cir. 1984).

Section 421 of the Homeland Security Act, 6 U.S.C. § 231, transferred to the Secretary of Homeland Security certain agricultural import and entry inspection functions originally assigned to the Secretary of Agriculture under the Animal Health Protection Act (AHPA). This transfer included the authority to enforce prohibitions or restrictions on the entry of livestock diseases into the United States.

It is the statutory duty of “customs officers” and Coast Guard officers to aid in the enforcement of quarantine rules and regulations. 42 U.S.C. § 268(b). In addition, 42 U.S.C. § 97 provides that the Secretary of Health and Human Services may request that Customs, Coast Guard, and military officers aid in the execution of quarantines imposed by states. Although the Public Service Act obligates DHS personnel to assist with the enforcement of state health laws and federal quarantine regulations, the specific authority to act in this context belongs to the Department of Health and Human Services.

The Secretary of DHS and the Commissioner of CBP may temporarily close ports of entry “when necessary to respond to a national emergency ... or to a specific threat to human life or national interests....” 19 U.S.C. § 1318(b). Such closings would effectively stop the legal entry of persons and conveyances and the importation and exportation of articles at those places.

CBP personnel can arrest a person where there is probable cause to believe they have committed a federal offense and certain other circumstances are met. See generally, 8 U.S.C. § 1357; 19 U.S.C. § 1589a.

B. Border Authorities Relating to Travelers:

1. Aliens

(a) Inadmissibility based upon health-related grounds

Any alien who is “determined (in accordance with the regulations prescribed by the Secretary of Health and Human Services) to have a communicable disease of public health significance” is deemed ineligible to be admitted to the United States or to receive a visa. See Immigration and Nationality Act (INA) § 212(a)(1)(i) (8 U.S.C. § 1182(a)(1)(i)). Although the public health statutes and regulations do not specifically include pandemic influenza in the list of communicable diseases of “public health significance” (See 42 C.F.R. § 34.2)², an executive order has added avian flu to the list of communicable diseases upon which HHS authorities may be exercised. See 42 U.S.C. § 264(b); Executive Order of April 1, 2005, amending Executive Order 13295 (April 4, 2003)³. This may provide CBP with sufficient basis upon which to make a determination that an alien is inadmissible due to his or her exposure to pandemic flu, but this fact has been legally debated within DHS.⁴ CBP has, along with DHS, requested that HHS remedy this legal

² 42 C.F.R. § 34.2 defines “communicable disease of public health significance” as chancroid, gonorrhea, granuloma inguinale, HIV, infectious leprosy, lymphogranuloma venereum, infectious-stage syphilis, and active tuberculosis.

³ The diseases listed in Executive Order 13295, as amended, include: cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, Severe Acute Respiratory Syndrome (SARS), and influenza caused by novel or reemerging influenza viruses that are causing, or have the potential to cause, a pandemic.

⁴ Although Congress has stated that public health significance generally means that infected aliens would “pose a public health threat to the United States,” H.R. Rep. No. 955, 101st Cong., 2d Sess. 128 (1991), the list of communicable diseases of public health significance as defined in HHS regulations is limited, and

deficiency by amending the regulations. HHS has stated its intention to do so, but a notice of proposed rule making (NPRM) published by HHS/CDC on November 30, 2005, updating and amending HHS quarantine authorities did not include a provision addressing this problem. See 70 Federal Register (Fed. Reg.) 71892 (also published at www.cdc.gov/ncidod/dq/nprm/index.htm).

Under section 232(a) of the INA (8 U.S.C. § 1222(a)), CBP officers can detain aliens for the purpose of determining whether they have a communicable disease listed in section 1182(a) or are otherwise inadmissible. See also 8 U.S.C. § 1225(d); 8 C.F.R. §§ 235.1; 235.3(a). In addition, CBP officers may detain an alien seeking admission and benefits under the immigration laws for physical and/or mental examinations performed by medical personnel as required under Title 42 of the Code of Federal Regulations, which provides standards and guidelines established under the authorities of the U.S. Public Health Service. See INA § 232(b) (8 U.S.C. § 1222(b)); 8 C.F.R. §§ 232.1; 232.3.

Although CBP may deny admission to individuals for health related reasons, both the INA and agency practice to date require that CBP personnel refer individuals to HHS or CDC to make a health determination before CBP exercises this authority. See e.g., Medical Deferrals, Inspector's Field Manual (IFM), Chapter 17.9(c).

(b) Withdrawal of application

Section 235(a)(4) of the INA (8 U.S.C. § 1225(a)(4)) permits an alien applying for admission to withdraw the application for admission and depart immediately from the United States. This authority can be utilized to provide the alien with an option to voluntarily return to his or her country of origin in the face of an extended period of detention at the POE while a medical determination is sought. In addition, if an alien withdraws his or her application for admission, his non-immigrant visa can be physically cancelled by a consular or immigration officer. See 22 C.F.R. § 41.122(h)(3); IFM Chapter 17.2.

(c) Public charge

A determination of inadmissibility or ineligibility for a change in status (or the institution of a deportation order) based upon public charge grounds may also serve as a possible option to prevent aliens from entering the United States who are suspected of having avian flu. See INA § 212(a)(4) (8 U.S.C. § 1182(a)(4)); 64 Fed. Reg. 28689. However, details about the practical use of this option is still being examined, including whether or not an alien may be denied admission solely upon a reasonable belief by the CBP officer that he or she has been infected with or exposed to avian flu. Consult with your HQ operational office and/or your local OCC office to determine the applicability of the authority in certain circumstances.

(d) Presidential proclamation

there is a significant gap between the list of diseases that would render an alien inadmissible and the list of diseases in the amended Executive Order 13295. In addition, DHS detention authority is generally tied to a determination as to admissibility. 8 U.S.C. Section 1222 provides specific detention authority over aliens suspected of having one of the diseases set forth in regulation "for a sufficient time to enable the immigration officers and medical officers . . . to determine whether or not they belong to inadmissible classes." The section allows for such detention when "aliens are coming from a country or have embarked at a place where any of such diseases are prevalent or epidemic." It could be argued that the phrase "such diseases" refers back to the limited list of diseases specifically set forth in HHS regulations, in which avian flu is not currently named. Furthermore, it is our understanding that DHS, Office of the General Counsel (DHS-OGC) has adopted the opinion that DHS' authority under the INA explicitly hinges on HHS' regulatory definitions, and any gap that exists cannot be filled solely by an Executive Order.

Additionally, if all pre-conditions are met, aliens with pandemic influenza could be excluded pursuant to 8 U.S.C. § 1182(f), which provides that “[w]henver the President finds that the entry of any aliens or of any class of aliens into the United States would be detrimental to the interests of the United States, he may by proclamation, and for such period as he shall deem necessary, suspend the entry of all aliens or any class of aliens as immigrants or non-immigrants, or impose on the entry of aliens any restrictions he may deem to be appropriate.” The President may not delegate the authority to issue such a proclamation. Accordingly, if the President determined that the entry of any aliens or class of aliens was detrimental to the interests of the United States, for reasons that may include the threatened spread of a pandemic into the United States, he may issue a proclamation suspending such entry and directing enforcement by all Federal agencies, including CBP.

2. USCs

We can find no independent CBP authority that would allow the agency to refuse a United States Citizen (USC)⁵ entrance into the United States once citizenship has been established to the agency’s satisfaction, although HHS authorities may allow the Government to quarantine that individual if HHS deems him or her to be a health risk. See 42 U.S.C. §§ 264, 265. HHS regulations⁶ currently provide for the isolation, quarantine, or surveillance of a person, regardless of citizenship, suspected of having a quarantinable disease listed in Executive Order 13295, as amended on April 1, 2005, which includes “influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic.” See Section D of this Chapter of the Annex. DHS personnel may be requested to detain the individual and refer him or her to HHS/CDC for further investigation and/or examination. Once a determination is made that isolation or quarantine may be necessary, DHS personnel may be requested to assist in the enforcement of the quarantine or isolation order issued by HHS/CDC. Details on how these measures would be implemented are still being determined by HHS and DHS. Consult your headquarters operational office and/or local OCC office for further assistance.

C. Border Authorities relating to Cargo:

1. General

19 U.S.C. § 482 allows CBP officers to search vehicles, beasts, and persons if he or she suspects that they have dutiable merchandise or merchandise that has been imported contrary to law. 19 U.S.C. § 1581 allows CBP officers to “examine, inspect, and search the vessel or vehicle and every part thereof and any person, trunk, package, or cargo on board ...” See 19 U.S.C. § 1581(a); see also 19 C.F.R. § 162.5 (search of vehicles and aircraft). CBP has the authority to search containers and cargo at the border, its functional equivalent,⁷ or in some instances, at a foreign port.⁸ Pursuant to 19 U.S.C. § 1499(a) and 19 C.F.R. § 151.16, CBP is authorized to detain imported merchandise until it inspects, examines, and finds that the merchandise is correctly invoiced pursuant to 19 C.F.E. § 141.86 and otherwise complies with U.S. law.

⁵ Pursuant to its immigration authorities, CBP personnel have independent jurisdiction over the final determination regarding the re-entry of a Lawful Permanent Resident (LPR) into the United States, since his or her status could be affected by the fact that he/she is infected or has been potentially exposed to a communicable disease of public health significance. See e.g., INA § 211 (8 U.S.C. § 1181).

⁶ It appears HHS authorities may be exercised regardless of citizenship. 42 U.S.C. § 264(d)(1) provides for the apprehension and examination of “*any individual* [emphasis added] reasonably believed to be infected with a communicable disease...”. Furthermore, Section 71.5 of HHS’s notice of proposed rulemaking amending Parts 70 & 71 of Title 42 of the Code of Federal Regulations, proposes to give the Director of CDC blanket authority to “prohibit . . . the introduction of persons . . . from [designated] countries” regardless of citizenship.

⁷ See Almeida-Sanchez v. United States, 413 U.S. 266 (1973).

⁸ See 19 U.S.C. § 1629(a).

Similarly, all merchandise and baggage imported or brought in from any contiguous country must be unladen in the presence of, and be inspected by, a Customs officer at the first port of entry at which it arrives, except as otherwise provided by law or regulation. 19 U.S.C. § 1461.

Also as part of the traditional customs authorities, Congress has mandated that vessels and aircraft (by virtue of 19 U.S.C. § 1644 and 19 C.F.R. Part 122), bound for the United States must comply with customs manifest, arrival, and entry statutes. First, section 1431 of title 19, United States Code, requires that every vessel bound for the United States and required to make entry under section 1434 shall have a manifest that meets the requirements prescribed by regulation. 19 U.S.C. § 1431(a). CBP, (as delegated by the Secretary), has the authority to specify the form for, and the information and data that must be contained in the manifest as well as the "manner of production for, and the delivery for electronic transmittal of, the manifest" required to be produced to Customs. 19 U.S.C. § 1431(d)(1)(C). Customs has used this authority for its 24-hour rule regulations contained in 19 C.F.R. § 4.7-7a, requiring manifests to be produced to CBP 24-hours before lading at the foreign port.

Likewise, section 1433, of title 19, United States Code, provides CBP with the authority to require that vessels, vehicles or aircraft coming into the United States from a foreign location report their arrival at any port or place within the United States. 19 U.S.C. § 1433. To satisfy this requirement, the master of the vessel, person in charge of the vehicle, or pilot of any aircraft, shall report arrival at the nearest Customs facility, or at such other place that the Secretary may prescribe, no more than 24 hours after arrival into the United States. 19 U.S.C. § 1433(a)-(c). In addition, the master of the vessel, operator of vehicle, or pilot of aircraft is required to present or transmit electronically to Customs "such information, data, documents, papers, or manifests as the Secretary may prescribe by regulation." 19 U.S.C. § 1433(d). This statutory authority, along with the Aviation and Transportation Security Act, 49 U.S.C. § 44909, has been utilized as a basis for CBP's advanced passenger information regulations contained in 19 C.F.R. Parts 4 and 122.

In addition to reporting arrival, CBP has been charged with overseeing the entry of those vessels and aircraft (applicable to aircraft through 19 U.S.C. § 1644 and 19 C.F.R. Part 122) that are required to make entry into the United States, including those vessels or aircraft arriving from a foreign location. Pursuant to section 1434 of title 19, United States Code, any vessel required to make entry under 1434(a), within 24 hours of arrival into the United States, "shall, unless otherwise provided by law, make formal entry at the nearest customs facility or such other place as the Secretary may prescribe by regulation." 19 U.S.C. § 1434(a).

Section 1448 of title 19, United States Code, gives CBP the discretion to determine when a permit to unlade will be issued. See 19 U.S.C. § 1448(a). According to the statute, the granting of these permits is conditioned upon the vessel making proper entry into the United States in accordance with 19 U.S.C. § 1434, and implementing regulations.

Finally, in addition to the authorities contained in Title 19 of the United States Code, on August 6, 2002, Congress passed the Trade Act of 2002, Pub. L. No. 107-210, § 343, 116 Stat. 933 (2002). Section 343(a) of the Trade Act provides CBP with the authority to require any information necessary pertaining to cargo destined for importation into the United States, or exportation from the United States, by aviation, maritime, or surface transportation, prior to such importation or exportation. CBP has used this authority to implement regulations requiring advance information on all modes of transportation prior to lading at the foreign port.

2. Agriculture

The Animal Health Protection Act (AHPA) of 2002, 7 U.S.C. § 8301 et seq., enables the Secretary of Agriculture to prevent, detect, control, and eradicate diseases and pests of animals, such as avian influenza, in order to protect animal health, the health and welfare of people, economic interests of livestock and related industries, the environment, and interstate and foreign

commerce in animals and other articles. The AHPA provides a broad range of authorities to use in the event of an outbreak of avian influenza in the United States and to prevent the introduction of such a disease into the United States. The Secretary is specifically authorized to carry out operations and measures to detect, control, or eradicate any pest or disease of livestock, 7 U.S.C. § 8308, which includes all farm raised animals, 7 U.S.C. § 8302, and to promulgate regulations and issue orders to carry out the AHPA (see 7 U.S.C. § 8315). The Secretary may also prohibit or restrict the importation, entry, or interstate movement of any animal, article, or means of conveyance to prevent the introduction into or dissemination within the United States of any pest or disease of livestock (7 U.S.C. §§ 8303 and 8305).

Currently, unprocessed carcasses and parts or products of carcasses of poultry, game birds, or other birds from regions where the H5N1 influenza is considered to exist may not be imported into the United States unless the importation is for scientific, educational, or research purposes only and only under certain circumstances. 9 C.F.R. § 94.6(e). Previously, USDA has placed bans on specific poultry importations from over 25 countries and approximately 8 different regions.⁹

Section 421 of the Homeland Security Act, 6 U.S.C. § 231, transferred to the Secretary of Homeland Security certain agricultural import and entry inspection functions under the AHPA, including the authority to enforce the prohibitions or restrictions imposed by USDA. CBP would implement any enforcement efforts in this regard. Moreover, one of the authorities relating to agricultural import and entry inspection activities that were transferred to DHS is the authority to destroy or remove any animal, article, or means of conveyance (that has been imported but has not entered the United States) if it is necessary to prevent any pest or disease of livestock. See 7 U.S.C. § 8303(c) and Section 421 of the HSA (6 U.S.C. § 231).

In the case where the importation is not prohibited, an importer may be convinced not to bother loading its cargo onto a conveyance headed for the United States if it is made apparent to the importer that the cargo will not be permitted to be unladen by CBP upon arrival or will be permitted to do so but only after delays caused by permissible and necessary inspections.

3. Penalties

CBP's primary authority to seize and forfeit merchandise that is imported in violation of U.S. law is found in 19 U.S.C. § 1595a(c). See also 18 U.S.C. § 545 (providing for criminal forfeiture). The statute also provides CBP with the authority to seize and forfeit any "vessel, vehicle, animal, aircraft, or other thing used in, to aid in, or to facilitate" the importation of merchandise that is introduced or attempted to be introduced contrary to law. 19 U.S.C. § 1595a(a). Under 19 U.S.C. § 1595a(c), merchandise must be seized and forfeited if it is "stolen, smuggled, or clandestinely imported or introduced." This is the provision under which smuggled agricultural merchandise is seized.

Some of the most common penalties that may be assessed are under 19 U.S.C. § 1497 for failure to declare the merchandise, 19 U.S.C. § 1436 for manifest violations, and under 19 U.S.C. § 1592 for negligent or fraudulent activities. In addition, separate penalties under the authority of the

⁹ The USDA has determined that the following countries and/or regions have been affected with pathogenic avian influenza, subtype H5N1, for purposes 9 C.F.R. 94.6: Afghanistan, Albania, Azerbaijan, Burkina Faso, Cambodia, Cameroon, China, a region in Denmark, Djibouti, Egypt, a region in France, several areas in Germany, areas in Hungary, India, Indonesia, Israel, the Ivory Coast, Japan, Jordan, Kazakhstan, Kuwait, Laos, Malaysia, Myanmar, Niger, Nigeria, Pakistan, a region in Palestine, Romania, Russia, South Korea, Sudan, a region in Sweden, Thailand, Turkey, Ukraine, certain areas in the United Kingdom, Vietnam. See <http://www.aphis.usda.gov/vs/ncie/country.html#HPAI> (March 16, 2007).

underlying regulatory department or agency may also be assessed. For example, where CBP detects a smuggled bird, penalties may also be imposed under the appropriate Title 7 (Agriculture) statutes. See e.g., 7 U.S.C. §§ 7734; 8313. Moreover, under 19 U.S.C. § 1594(a), if either a conveyance or its operator is subject to a penalty for a violation of law, the conveyance may be seized, forfeited, and sold.

There are other categories of merchandise that CBP is authorized (but not required) to seize and forfeit. Those categories include merchandise that does not comply with legal restrictions or prohibitions relating to health, safety, or conservation. See 19 U.S.C. § 1526 (trademark violations) and § 1595a(c)(2) (health and safety). For additional relevant seizure and penalty authorities, see Section D.2(viii) of this Chapter, as well as the Air (II.) and Sea (III.) Chapters of this Annex.

D. HHS Authorities under Title 42:

1. HHS and CDC Legal Annexes

Both the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) published pandemic influenza plans on the internet, including summaries of their legal authorities.

<http://www.hhs.gov/pandemicflu/plan/appendix.html> (March 5, 2007).

<http://www.cdc.gov/flu/pandemic/cdcplan.htm> (March 9, 2007).

2. Relevant HHS authorities¹⁰

i. 42 U.S.C. §§ 264 & 265

Section 361 of the Public Health Service Act (PHSA) (42 U.S.C. § 264), authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one State or possession into any other State or possession.¹¹ Under Section 362 of the PHSA, 42 U.S.C. § 265, the Secretary of Health and Human Services may prohibit, in whole or in part, the introduction of persons and property from such countries or places as he or she shall designate for the purpose of averting a serious danger of the introduction of a communicable disease into the United States if he determines that such a prohibition is in the interest of the public health. If the Secretary of HHS deems it necessary, he may suspend all entries, admissions, and imports, from countries or areas the Secretary designates, for the length of time that the Secretary deems necessary, to avoid the danger. See id. Implementing regulations are found at 42 C.F.R. Parts 70 and 71. The HHS Centers for Disease Control and Prevention (CDC) administers these regulations as they relate to quarantine of humans. CDC issued a proposed rule updating these regulations on November 30, 2005. See

¹⁰ This is just a list of a few of the HHS statutes and regulations that may be of interest to the agency. It is not intended to be an exhaustive list of every relevant HHS authority. The summaries are also CBP-OCC's interpretation of the statutory or regulatory language. HHS was not consulted.

¹¹ The Secretary also has the authority to implement disease control measures in Indian country, if necessary. (25 U.S.C. §§ 198, 231; 42 U.S.C. § 2001.) Indian Tribes, like states, are sovereign entities with police power authority to enact their own disease control rules and regulations. Tribal law should be consulted as well.

70 Fed. Reg. 71892 (also published at www.cdc.gov/ncidod/dq/nprm/index.htm). If the Secretary of HHS asserts these authorities, CBP may be requested to assist HHS by refusing the entrance or admission of certain individuals, conveyances, and the importation or entry of merchandise from these designated countries.

ii. 42 U.S.C. § 269

This provision requires any vessel at a foreign port or place clearing or departing for any port or place in a State or possession to obtain a "bill of health." In addition, the statute provides that it is unlawful for any vessel to enter any port to discharge cargo or land its passengers until "a certificate of the quarantine office that regulations prescribed under [the statute] have in all respects been complied with by such officer, the vessel, and its master." 42 U.S.C. § 269(e). The certificate, along with the bill of health and other papers of the vessel, are to be delivered to CBP. See id.; see also 42 C.F.R. §§ 71.41, 71.45 and 71.46 for examples of regulations to secure the sanitary condition of vessels.

iii. 42 C.F.R. § 71.32¹²

HHS has promulgated several regulations related to its authority to call for the imposition of health measures at United States ports in order to stop or slow the spread of certain communicable diseases. The most general provision is the authority for HHS to isolate, quarantine, or place an individual under surveillance if they consider it necessary to prevent the "introduction, transmission, or spread of the list of communicable diseases" and they have "reason to believe that any arriving person is infected with or has been exposed to any of the communicable diseases listed an Executive Order." See 42 C.F.R. § 71.32(a). This subpart of the regulation refers directly to Executive Order 13295 of April 4, 2003, and states that if the list of communicable diseases is updated, then HHS "will enforce that amended order immediately and update this reference." See id. Although Executive Order 13295 was amended in 2005 to include pandemic influenza, HHS has not yet amended the regulation. However, the regulation states that HHS will immediately begin enforcing any amended Executive Order listing contagious disease, so we believe CBP may assist HHS with its preparations against pandemic influenza under this regulation.

To prevent the transmission, introduction, or spread of communicable diseases, HHS also has the authority to order the detention, disinfection, fumigation or "other related measures" of arriving carriers, articles, and things on board the carriers if there is "reason to believe" that the carrier, article, or thing is, or may be, infected or contaminated with a communicable disease. 42 C.F.R. § 71.32(b). Along with USDA and their related authorities (see Section C of this Annex), CBP (along with USCG, FDA, or other agencies) may be requested to assist with the enforcement of such an order.

iv. 42 C.F.R. § 71.33

This regulation gives HHS the authority to require isolation where medical surveillance is appropriate. See 42 C.F.R. § 71.33(b). In addition, the provision permits HHS to enter into agreements with public or private medical hospital facilities in order to provide care and treatment for persons detained under the quarantine laws. 42 C.F.R. § 71.33(d). It is believed that HHS will rely upon this regulation to isolate any U.S. citizen whom its personnel determine should be placed in isolation. Once citizenship is established (and assuming processing for customs and agriculture purposes is complete), CBP has no independent authority to detain the individual any further. However, CBP personnel may be requested to assist in the enforcement of an isolation

¹² The regulations described here are the current regulations as they appear today. To compare HHS' proposed amendments, see CDC's NPRM at 70 Fed. Reg. 71892, which makes changes to 42 C.F.R. Parts 70 & 71.

or quarantine order pursuant to this regulation, and thus, may be requested to detain the individual under these authorities.

v. 42 C.F.R. §§ 71.21 & 71.35

The commander of an aircraft or the master of a ship must report to the quarantine station at or nearest to the airport or port at which the aircraft or vessel will arrive, the occurrence on board of any death or illness among the passengers or crew. 42 C.F.R. § 71.21(a) and (b). There are additional reporting requirements for the master of certain ships relating to the occurrence of particular illness on board. See 42 C.F.R. § 71.21(c). Reporting requirements are also imposed upon the master of a "carrier at a U.S. port." See 42 C.F.R. § 71.35; see also 42 C.F.R. § 71.1(b) (defining "carrier" to mean a ship, aircraft, train, road vehicle, or other means of transport, including military). In accordance with SOPs developed in agreement between DHS, HHS, DOD, DOS, and DOT, CBP, along with the FAA, TSA, and other agencies, is involved in the reporting procedures that must be followed by a commander of an aircraft. See Pandemic Influenza Air Traffic Management Operational Response Concept of Operations (CONOPS), Final Draft, August 23, 2006.

vi. 42 C.F.R. Part 34 (Medical Examination of Aliens)

These regulations work in conjunction with the immigration regulations providing for medical examinations of aliens. See generally, 8 C.F.R. Part 232. The HHS regulations set forth the requirements for the different types of examination. Title 8 regulations state that if CBP has "reasonable grounds" to suspect that persons arriving in the United States should be detained for Title 42 reasons, then, after consultation with Public Health Services, CBP can notify the carrier to effectuate the detention. See 8 C.F.R. § 232.3. INA § 232(b) states that medical examinations of arriving aliens shall be conducted by medical officers of the Public Health Service, who will certify for immigration officers any physical disease. 8 U.S.C. § 1222(b).

vii. 42 C.F.R. § 71.47

According to 42 C.F.R. § 71.47, each airport which receives international traffic must provide suitable office space for carrying out Federal responsibilities without cost to the Government. This provision will become relevant as local airports adopt detailed operational plans to accommodate the implementation of screening measures during times of pandemic at airports, and field offices for DHS component agencies coordinate with local offices of HHS/CDC and other Departments and agencies in the U.S. Government.

viii. Penalties

42 U.S.C. § 271 provides that any person who violates a regulation issued under the authority of 42 U.S.C. §§ 264, 265, 266, or any provision of 42 U.S.C. § 269, or a regulation issued under it, or "who enters or departs from the limits of any quarantine station, ground, or anchorage in disregard of quarantine rules and regulations or without permission of the quarantine officer in charge, shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year, or both." 42 U.S.C. § 271(a). Any vessel that violates certain quarantine rules and regulations is subject to forfeiture in the amount of not more than \$5,000, which is imposed as a lien against the vessel. 42 U.S.C. § 271(b). A violation of any part of 42 C.F.R. Part 71 is punishable by a fine no greater than \$1,000 and up to one year in prison. See 42 C.F.R. § 71.2. HHS proposes to amend these provisions to increase these penalties. See 70 Fed. Reg. 71892, 71908.

E. Information Sharing¹³:

Under the DHS-HHS MOU and in accordance with Title 19 regulatory provisions, CBP could, upon request, share with HHS Customs Declaration Forms, Advance Passenger Information System (APIS) information, and, subject to certain restrictions,¹⁴ Passenger Name Record (PNR) data obtained from airline reservation systems. See DHS-HHS MOU, V.A.1; see also 19 C.F.R. §§ 122.49a(e), 122.49b(e), 122.49d(d).

Depending in part on the amount of information in an individual PNR record, this information could be particularly useful in contacting persons who arrive in the United States and are later determined to have been exposed to a quarantinable or communicable disease during travel—a process referred to as “contact tracing.” Although the MOU provides for current procedures in the case of an individual request by HHS for the information, more appropriate procedures to govern the passage of the data on a more frequent basis between HHS and DHS in times of pandemic are currently being negotiated between the Departments.

Furthermore, the Departments have also negotiated an agreement whereby members of CDC staff may be stationed at CBP’s National Targeting Center to facilitate information sharing efforts in times of pandemic. See Standard Operating Procedures for Sharing APIS and PNR Information and Officer Exchange Between CBP and the Centers for Disease Control and Prevention, signed February 16, 2007 (NTC-CDC agreement).

All such information sharing is in accordance with applicable laws and regulations, such as the Privacy Act, and is also subject to applicable rules, restrictions, and conditions provided within applicable international agreements or arrangements (including specific restrictions on PNR derived from flights between the United States and EU; Iceland; and Switzerland).

F. Active and Passive Surveillance:

Pursuant to the HHS-DHS MOU, CBP’s statutory duty to aid in enforcement of HHS authorities, and CBP’s inherent immigration authorities, CBP officers and Border Patrol Agents, during the course of their normal duties, may observe individual travelers for the signs and symptoms of a communicable disease and refer them to HHS/CDC personnel for further inquiry and/or examination (passive screening).

In the event of an international communicable disease outbreak anywhere in the world, HHS/CDC may move from requiring passive surveillance to “active surveillance” at U.S. borders. The HHS-DHS MOU provides that “[a]ctive surveillance may consist of a number of different methods to access risk that individual passengers, arriving from affected countries or regions, are carrying a quarantinable disease.” HHS-DHS MOU, Section V.B(3). HHS/CDC has indicated in government Avian Flu working group meetings that “active screening” measures may include any one of the following additional “tools:”

- In-flight health declaration made by the air-crew (a certification by the pilot in command that there are no ill passengers on board; content to be developed by HHS/CDC);
- Traveler health questionnaire (designed to identify individual travelers who are at a higher risk of infection, or may have been exposed to pandemic influenza; content

¹³ See also, Air Chapter (II.) of this Annex: the subsection on Information Sharing.

¹⁴ CBP has agreed to provide PNR data in accordance with all applicable rules and conditions provided in relevant international agreements or arrangements (such as the EU Undertakings, which are also applicable to Iceland, and the Swiss Undertakings), and has required HHS/CDC to bind themselves to the same privacy restrictions as outlined in those documents. See HHS-DHS MOU, V.A.1(c).

developed by HHS/CDC; completed by international passengers/border-crossers prior to arrival or upon arrival and reviewed by screening personnel);

--Personal interview (designed to identify a traveler who is at a higher risk of infection or may have been exposed to pandemic influenza; to be developed by HHS/CDC in consultation with DHS); and

--Passive infrared thermal scanning or Temperature screening (possible use, not yet determined).¹⁵

Which tools might be used under what circumstances, as well as what departments and/or agencies will administer each tool, is yet to be determined. DHS, HHS, Department of Transportation (DOT), and other U.S. government departments and agencies are working together to make these determinations. It is anticipated that State and local authorities and some private organizations (The Red Cross, etc.) will also be consulted on the development of detailed operational plans and CONOPS regarding the implementation of any quarantine/isolation measures by the U.S. Government. Component agencies of DHS may be requested by HHS to assist with the implementation and administration of border screening methods at U.S. borders in the land, sea and/or air contexts during a pandemic. Consult with your headquarters offices to receive guidance and instruction on the possible participation of CBP officers and/or Border Patrol Agents in the implementation of these tools.

G. Detention:

The details regarding a typical detention period initiated under Title 42 authorities, is still unclear. HHS has not provided enough information, as of yet, to permit a legal determination as to the permissible scope and maximum length of a period of detention that has been effectuated by CBP personnel at the request of HHS/CDC for the purposes of enforcing Title 42 authorities. Consult the Secure Detention Procedures at Ports of Entry (CBP Directive 3340-030A) and/or other relevant agency directives and policies, as appropriate, as well as with your Headquarters office and/or your OCC field office to obtain further instruction, guidance, and/or information.

H. Exit Screening:

The existence of any HHS authority to prevent the departure of individuals who may be suspected of carrying a communicable disease has not been established to date. HHS public health authority is based upon risk of the spread of a communicable disease from foreign countries into the United States, or from one U.S. state or possession into any other. See 42 U.S.C. § 264(a). As a result, the authority of the U.S. Government to impose exit screening measures at times of pandemic is currently unclear.

In addition, the applicability of DHS authorities which might be used in this context has not been concretely determined. Generally, there does not appear to be any independent DHS or CBP authority that would permit the detention or prevention of infected or potentially infected individuals (U.S. citizens and non-U.S. citizens) from departing the United States for any other country.

¹⁵ The legality of CBP personnel participating in the administration of either thermal scanning or temperature screening at the borders is yet to be determined and will be carefully investigated. Moreover, details surrounding this tool have not yet been clearly defined by HHS. It is unclear from HHS at this time, whether thermal scanning or temperature screening will be utilized, and it has not yet been determined which technology, methods, and/or equipment will be utilized by the department. In addition, no formal request by HHS to DHS to assist with the administration of this particular tool has been received, and it is also unclear which department would carry the costs associated with use of the tool.

In comparison, once a pandemic has appeared within a specific country or continent, DHS authorities may assist in controlling travel to an infected area. The President has the authority to restrict or prohibit the departure of U.S. citizens from the United States pursuant to section 215(b) of the INA by invalidating a citizen's passport. See MacEwan v. Rusk, 228 F.Supp. 306, 308-309 (E.D. Pa. 1964). Executive Order 13323 (December 30, 2003) delegated this authority to the Secretary of the Department of State (DOS). However, he or she must preliminarily determine that "there is an imminent danger to the public health or physical safety of United States travelers." 22 C.F.R. § 51.73(a)(3). There are other limitations and complications with this option. The Secretary's determination that a particular area or country is restricted must be published in the Federal Register. Additionally, even though CBP has a procedure for confiscating a passport upon return of a U.S. citizen that returns from a restricted area, the agency's procedure does not address whether a CBP officer could confiscate a U.S. passport prior to the citizen's departure from the United States. See IFM Chapter 12.4(b). Finally, the Secretary of State's authority appears limited to prohibiting travel to specifically designated areas and does not appear to prohibit travelers from leaving the United States for a non-prohibited country.

I. Use of Force:

Consult the applicable CBP Use of Force Policy¹⁶ to determine how to handle certain circumstances related to the enforcement of Title 42 authorities. For further assistance, contact your Headquarters office and/or local OCC office.

CHAPTER II. AIR

In the air environment, CBP will need to coordinate its response with the Transportation and Security Administration (TSA) and Federal Aviation Administration (FAA), as these agencies have distinct, but equally vital, legal authorities in the air environment. The following sets forth CBP's authorities in the air environment, with references to TSAs and FAAs authorities, as necessary.

A. Regulating Air Traffic:

1. FAA

The FAA is the lead agency for aviation safety regulation and oversight, and is responsible for the operation and maintenance (to include personnel, physical, and cyber) of the Air Traffic Control System. See 49 U.S.C. §§ 401-491. Any movement in the navigable airspace of the United States can be stopped, redirected, or excluded by the FAA, regardless of the commodity involved. 49 U.S.C. § 44701. If the FAA determines that an emergency requiring immediate action exists that is related to safety in air commerce, it may prescribe regulations and issue orders *immediately* to meet that emergency. See 49 U.S.C. § 46105(c) (no notice or comment period, or other authorization required). In a pandemic setting, FAA may interpret these provisions on aviation security or safety to provide authority for FAA to close U.S. airspace to, or redirect, a flight if it is determined that the flight may be transporting persons with a quarantinable disease, and to prohibit U.S. flagged carriers from entering the airspace of foreign nations.

2. TSA

Subject to the direction and control of the Secretary of the Department of Homeland Security (DHS), TSA also has the authority to cancel a flight, or series of flights, if a decision is made that a particular security threat cannot be addressed in a way adequate to feasibly ensure the safety of passengers and crew. 49 U.S.C. § 44905(b). TSA is required to work in conjunction with the

¹⁶ The CBP Use of Force Policy is currently being consolidated and updated. The DHS Use Deadly Use of Force Policy (July 2004) will be incorporated within the updated CBP policy.

FAA with respect to any actions or activities that may affect aviation safety or air carrier operations. 49 U.S.C. § 114(f)(13); 6 U.S.C. § 233(a). TSA interprets these provisions to authorize it to cancel flights, to keep a flight destined for the United States from landing, returning, or diverting the flight, or "hardstanding" the flight (keeping the plane on the tarmac) if it is determined that a flight may be transporting persons with a quarantinable disease. These TSA authorities are also sufficiently broad to allow TSA to direct an air carrier to temporarily avoid deplaning its passengers until the Department of Health and Human Services (HHS) or other medical authorities can screen the passengers. Finally, pursuant to 49 U.S.C. § 114(q), the Federal Air Marshal Service (FAMS) of TSA has the authority to exercise law enforcement powers in the transportation domain. At this time, however, it is unclear how FAMS authorities will be used to assist in a pandemic situation.

3. CBP

CBP has both its general border search authorities, which apply to people, merchandise and conveyances, and specific regulations that delineate additional authorities in the air environment. See generally 19 C.F.R. Part 122 (discussing landing rights, documentation to enter and depart, etc.). For example, Congress has mandated that aircraft bound for the United States comply with customs manifest, arrival, and entry statutes. See e.g., 19 U.S.C. §§ 1644 and 1644a; 19 C.F.R. Part 122. All aircraft must report to CBP upon arrival from a foreign airport or place into the United States or the Virgin Islands. 19 U.S.C. § 1433(c). Most aircraft are also required to clear and obtain permission to depart from CBP before they leave the United States. 19 C.F.R. § 122.61. One of the outbound requirements is compliance with Public Health and other matters, listed in 19 C.F.R. § 4.61(c). This regulation is applied to aircraft by operation of 19 U.S.C. § 1644.

(a) Landing Rights/Regulating Inbound Traffic

Generally, we do not know of CBP authorities that, standing alone can prevent commercial carriers from entering the United States due to danger posed by the presence of disease. Any decision to deny landing rights to commercial airplanes should be based primarily on FAA and TSA authorities, in accordance with guidance issued by DHS, since those authorities are broader than CBPs' in this realm. See e.g., Pandemic Influenza Air Traffic Management Operational Response Concept of Operations (CONOPS), Final Draft, August 23, 2006. CBP regulations regarding denying landing rights or redirecting aircraft to designated ports may be utilized as part of a national pandemic influenza response strategy if the specific regulatory criteria are met.

Airports at which Customs processes aircraft and passengers arriving from foreign countries are considered international airports, landing rights or user fee airports. See 19 C.F.R. §§ 122.1(e)-(f), (m). CBP regulations govern the designation of each type of airport for purposes of obtaining permission to land in the United States. See 19 C.F.R. §§ 122.11-122.15. Aircraft arriving from foreign countries are entitled to land at international airports for Customs processing with no need for advance approval from Customs. See 19 C.F.R. § 122.33(a)(1). The majority of airports at which foreign flights arrive, however, are landing rights airports where landing rights must first be obtained prior to arrival. See 19 C.F.R. § 122.33(a)(2).

The regulations also list the grounds for the withdrawal of such designations, which are different for each type of airport (international, landing rights, and user fee). For example, permission to land at an international airport may be denied if advance electronic information for foreign cargo has not been received as required by 19 C.F.R. § 122.48a¹⁷ (except for emergency or forced landing situations), or if FAA requirements and airport rules are not followed. See 19 C.F.R. § 122.12(c). In the case of landing rights airports, the reasons to deny landing rights or redirect planes include that the granting of landing rights would not be in the best interests of the Government. See 19 C.F.R. § 122.14(d)(6).

¹⁷ See the Cargo section of the Air Chapter (II.) at B.1.

Arguably, these authorities, in coordination with FAA, could be used to restrict flights into the United States, restrict flights to certain airports in the United States (“funneling”), or to prevent flights from landing in general. The determination that the granting of landing rights would not be in the best interest of the government is made by the port director, with the carriers having appeal rights to the Assistant Commissioner, Office of Field Operations. 19 C.F.R. 122.14(e). Before any decision is made to deny landing rights or redirect a flight, the ports should consult with OFO Headquarters and their respective field counsel in order to ascertain that all requirements of the regulations, and any Government-wide pandemic influenza plan, are met.

Private aircraft must also adhere to a number of requirements, including, in some cases, notifying CBP of its arrival and at what airport it intends to land. See 19 U.S.C. § 1433(c); 19 C.F.R. §§ 122.23, 122.24(a), and Subpart O. Aircraft must provide advanced notice of arrival “far enough in advance to allow inspecting officers to reach the place of first landing of the aircraft.” 19 C.F.R. § 122.31(e). Aircraft commanders have a responsibility to hold the aircraft and keep passengers and crewmembers in a separate place until CBP officers authorize their departure. 19 C.F.R. § 122.36. However, CBP notice and landing requirements do not apply to private aircraft that are not arriving from a foreign port or place, or from Puerto Rico, or that have been previously inspected by CBP in the U.S. Virgin Islands. See 19 C.F.R. § 122.24(b). Moreover, private aircraft, other than air charter and air taxi operators, are not required to formally enter or obtain formal clearance from CBP upon departure. See 19 C.F.R. § 122.26. With respect to private aircraft, CBP would likely have to rely more heavily upon the FAA to exert its general authorities in the case of an emergency related to the potential presence of an individual with avian flu on board.

(b) Regulating Outbound Air Traffic

Aircraft with passengers for hire or carrying merchandise that wish to depart for a foreign country must generally receive Customs clearance prior to departure. See 19 C.F.R. § 122.61. The documents required to clear and obtain permission to depart include information on the cargo and individuals onboard commercial aircraft. See e.g., 19 C.F.R. Part 122, Subpart H.¹⁸ For example, CBP may deny clearance or withhold permission to depart if it does not receive advance electronic air cargo information as required by 19 C.F.R. 192.14. See 19 C.F.R. § 122.66.

B. Cargo:

1. CBP

CBP regulates and inspects international air cargo for security purposes through both its traditional customs legal authorities contained within Title 19, as well as through Congressional mandate.

Pursuant to Customs broad border search authority, CBP may conduct searches of persons, conveyances, baggage, cargo, and merchandise entering or departing the United States without a search warrant and without suspicion of criminality. See 19 U.S.C. §§ 482, 1461, 1499, 1581, and 1582; 22 U.S.C. § 401. This border search authority includes the ability to inspect inbound and outbound mail, except for letter class mail that is sealed against inspection. See 19 U.S.C. § 1583. Any merchandise or conveyance involved in a customs law violation is generally subject to civil forfeiture and may be seized without a warrant. 19 U.S.C. §§ 482, 1581, 1595a; see also 18 U.S.C. § 545 (providing for criminal forfeiture under the customs laws).

¹⁸ These requirements may be superseded by TSA for specific airlines and for specific time frames. See 19 C.F.R. § 122.75b(g).

Pursuant to Section 343(a) of the Trade Act of 2002, and implementing regulations, CBP requires that all commercial air carriers transporting cargo transmit specific information about the incoming cargo to CBP through the Air Automated manifest System – Air AMS – at “wheels up” when the aircraft departs for the United States from any place in North America, north of the Equator, or no later than four hours prior to arrival in the United States for all other aircraft. See 19 C.F.R. § 122.48a. Utilizing these authorities, CBP has been working with TSA on methods to obtain information about air cargo before the aircraft departs foreign territory, thus allowing the agencies to do a risk assessment before the cargo is loaded. In addition to HHS and USDA authorities, these authorities may be particularly helpful in times of pandemic to assist in locating those flights from particular areas that may be carrying potentially infected cargo.

2. TSA

As mentioned above, TSA’s authorities with respect to aircraft security are broad and may be helpful to examine both inbound and outbound air cargo at times of pandemic. For example, TSA is required to provide for the screening of all cargo on passenger aircraft. 49 U.S.C. §§ 40102(a)(5), 49901(a), (f). Although TSA does not inspect cargo itself, it requires the carriers to physically inspect a percentage of the cargo of every flight. In addition, TSA is responsible for securing both foreign flights destined for the United States, and domestic aircraft. In comparison, CBP is primarily responsible for inspecting cargo on the aircraft for merchandise on international flights that would be subject to duties and for importations and exportations made contrary to law. See 19 U.S.C. §§ 482, 1461, 1496, 1499, 1582, 1595a; 18 U.S.C. §§ 542, 545; 22 U.S.C. §401.

C. Passengers:

1. Generally

(a) Aliens¹⁹

Any alien who is “determined (in accordance with the regulations prescribed by the Secretary of Health and Human Services) to have a communicable disease of public health significance” is deemed inadmissible to be admitted to the United States or to receive a visa. See Immigration and Nationality Act (INA) § 212(a)(1)(i) (8 U.S.C. § 1182(a)(1)(i)). Although CBP may deny admission to individuals for health-related reasons, both the INA, and agency practice to date, requires that CBP officers refer individuals to HHS or CDC to make a health determination before CBP exercises this authority. See e.g., Medical Deferrals, Inspector’s Field Manual (IFM), Chapter 17.9(c). Although the public health statutes and regulations do not specifically include pandemic influenza in the list of communicable diseases of “public health significance” (see 42 C.F.R. 34.2), an executive order has added avian flu the list of communicable diseases upon which HHS authorities may be exercised. See 42 U.S.C. § 264(b) & Executive Order of April 1, 2005, amending Executive Order 13295 (April 4, 2003). This may provide CBP with sufficient basis upon which to make a determination that an alien is inadmissible due to having pandemic flu. CBP may also detain arriving aliens for health examinations, under section 232 of the INA (8 U.S.C. § 1222) and 8 C.F.R. § 232.3, after consulting with public health officials and determining that there is some basis for a health examination in accordance with Title 42 of the United States Code.

Section 235(a)(4) of the INA (8 U.S.C. § 1225(a)(4)) permits an alien applying for admission to withdraw the application for admission and depart immediately from the United States. This authority can be utilized to provide the alien with an option to voluntarily return to his or her country of origin in the face of an extended period of detention at the POE while a medical determination is sought. In addition, if an alien withdraws his or her application for admission, his non-immigrant visa can be physically cancelled by a consular or immigration officer. See 22 C.F.R. § 41.122(h)(3); IFM Chapter 17.2. A determination of inadmissibility or ineligibility for a

¹⁹ See also the immigration authorities described in the General Overview of Authorities Chapter of this Annex.

change in status (or the institution of a deportation order) based upon public charge grounds may also serve as a possible option to prevent aliens from entering the United States who are suspected of having avian flu. See INA, § 212(a)(4) (8 U.S.C. § 1182(a)(4)); 64 Fed. Reg. 28689. However, details about the practical use of this option is still being examined, including whether or not an alien may be denied admission solely upon a reasonable belief by the CBP officer that he or she has avian flu. In addition, the practicality of this option may be questioned where a potentially infected alien must return to the country of origin on a crowded return flight, thereby potentially infecting additional individuals. Consult with OFO Headquarters and/or your local OCC office to determine the applicability of the authority and feasibility in certain circumstances.

(b) U.S. Citizens

There appears to be no independent CBP authority that allows the agency to refuse entrance to a United States Citizen (USC) once their citizenship has been established to the agency's satisfaction, although HHS authorities may allow the Government to quarantine that individual if HHS deems them to be a health risk. See 42 U.S.C. §§ 264, 265.

2. On the Tarmac

Customs and/or immigration authorities that can be exercised to require passengers to remain on a plane upon arrival are very specific and limited. Section 232 of the INA (8 U.S.C. § 1222) authorizes the detention of aliens (and alien crewmen) arriving at ports of entry "for a sufficient time" to enable immigration and medical officers to conduct physical examinations for admissibility determinations. Section 254 of the INA (8 U.S.C. § 1284) obligates the carrier or commanding officer of any vessel or aircraft arriving from a foreign place to detain alien crewmen at the direction of an immigration officer. Once a flight has landed, CBP officers may conduct a border search and a document check. 19 C.F.R. § 122.2. If a carrier and/or aircraft commander makes an emergency landing, for whatever reason, Customs regulations provide that CBP be notified and passengers, merchandise, and baggage be kept together until all are cleared by CBP. See 19 C.F.R. §§ 122.35 and 122.36.

Depending on the circumstances, these authorities may be used in conjunction with HHS, FAA and/or TSA authorities to detain an aircraft, its passengers and/or crew for a short period of time pending the arrival of health personnel to examine an ill individual or perform screening in a pandemic influenza situation. If detention of the aircraft, passengers, or crew is based upon the exercise of HHS, FAA, or TSA authorities only, or some combination thereof, CBP personnel may be requested to assist in an enforcement capacity pursuant to a statutory duty to aid in the enforcement of quarantine regulations (42 U.S.C. § 268(b)) or the authority to assist as a federal law enforcement officer (19 U.S.C. § 1589a).

3. Information Sharing and Entry Screening

(a) Information sharing

Commercial air carriers must provide Advance Passenger Information System (APIS) data, as well as Passenger Name Record (PNR) data (to the extent it is collected, and in the case of flights between the United States and the European Union (EU), Iceland and Switzerland, a more limited set of PNR may be accessed), for all passengers and crew on commercial flights arriving in, or departing from, the United States. See 19 C.F.R. §§ 122.49a, 122.49b, 122.49d. Although there is some variation between the time periods by which APIS must be provided, the minimum time to provide passenger electronic manifest information is currently no later than 15 minutes after the departure of the aircraft from the foreign port, and for crew information, no later than 60 minutes prior to departure from the foreign port. 19 C.F.R. §§ 122.49a(b)(2); 122.49b(b)(2). Passenger and crew APIS data for flights diverted to the United States due to an emergency, and air ambulances in service of a medical emergency, is due to CBP no later than 30 minutes prior to arrival in the U.S. 19 C.F.R. §§ 122.49a(b)(2)(ii) and (iii); 122.49b(b)(2)(B) and (C). Master

crew list information must be provided to CBP at least two days in advance of any flight on which someone on the list will be onboard. See 19 C.F.R. § 122.49c(a). Generally, PNR data may be accessed by CBP anytime after the reservation is made (certain restrictions apply to PNR data derived from flights between the United States and EU, Iceland, and Switzerland). This information allows CBP to screen individuals to determine if there are individuals of interest on board the flight, and may also be utilized at times of pandemic to assist in risk-based targeting of passengers who may potentially be infected with a communicable disease.

Portions of this same data may be passed to HHS/CDC to assist in the identification and tracking of air passengers who have been potentially exposed to a communicable disease before, during, or immediately following an international flight. Pursuant to the HHS-DHS MOU, and in accordance with Title 19 regulatory provisions, relevant data found in Customs declarations, I-94s, APIS, and PNR information may be shared by CBP to assist HHS/CDC with the performance of contact tracing efforts. See MOU, Section V.A.1. See also 19 C.F.R. §§ 122.49a(e), 122.49b(e), 122.49d(d). Although the MOU provides for current procedures in the case of an individual request by HHS for the information, more appropriate procedures to govern the passage of the data on a more frequent basis between HHS and DHS in times of pandemic are currently being negotiated between the Departments.

Furthermore, the Departments have also negotiated an agreement whereby members of CDC staff may be stationed at CBP's National Targeting Center to facilitate information sharing efforts in times of pandemic. See Standard Operating Procedures for Sharing APIS and PNR Information and Officer Exchange Between CBP and the Centers for Disease Control and Prevention, signed February 16, 2007 (NTC-CDC agreement).

All such information sharing is in accordance with applicable laws and regulations, such as the Privacy Act, and is also subject to applicable rules, restrictions and conditions provided within applicable international agreements or arrangements (including specific restrictions on PNR derived from flights between the United States and EU, Iceland, and Switzerland).

(b) Passive and Active Screening

Once individuals are physically on U.S. soil, CBP officers have the authority to ask questions for both customs and immigration purposes. These questions may include questions specifically related to the health of the individual, since immigration law permits CBP officers to detain someone suspected of having a communicable disease for a health examination by a public health official. See INA § 212(a)(1)(i) (8 U.S.C. § 1182(a)(1)(i)). In addition, HHS has the statutory authority to prevent the introduction of any communicable disease into the United States from a foreign country by prohibiting the entry of persons and property to the extent deemed necessary to avert the threat. See 42 U.S.C. § 265. As a result, HHS may request assistance with detaining USCs for further questioning or other medical purposes.²⁰

Pursuant to the HHS-DHS MOU, CBP's statutory duty to aid in enforcement of HHS authorities, and CBP's inherent immigration authorities, CBP officers and Border Patrol Agents, during the course of their normal duties, may observe individual travelers for the signs and symptoms of a communicable disease and refer them to HHS/CDC personnel for further inquiry and/or examination (passive screening).

In the event of an international communicable disease outbreak anywhere in the world, HHS/CDC may move from requiring passive surveillance to "active surveillance" at U.S. borders. The HHS-

²⁰ It is unclear how long these detentions will typically last. Furthermore, HHS has not provided enough information, as of yet, to permit a legal determination as to the permissible scope and length of a period of detention that has been effectuated by CBP personnel at the request of HHS/CDC for the purposes of enforcing Title 42 authorities. See also General Overview of Authorities Chapter of this Annex, Section G: Detention.

DHS MOU provides that “[a]ctive surveillance may consist of a number of different methods to access risk that individual passengers, arriving from affected countries or regions, are carrying a quarantinable disease.” HHS-DHS MOU, Section V.B(3). The possible methods that may be utilized by HHS, or by DHS or other government entities at the request of HHS, are outlined in the General Overview of Authorities chapter of this Annex, Section F: Active and Passive Surveillance.

Which tools might be used under what circumstances, as well as what departments and/or agencies will administer each tool, is yet to be determined. DHS, HHS, Department of Transportation (DOT), and other U.S. government departments and agencies are working together to make these determinations. Component agencies of DHS may be requested by HHS to assist with the implementation and administration of many of these tools at U.S. borders in the land, sea, and/or air contexts during a pandemic. Consult with your headquarters offices to receive guidance and instruction on the possible participation of CBP officers and/or Border Patrol Agents in the implementation of these tools.

D. Fines and Penalties:

There are severe criminal and civil penalties for violations of the report of arrival requirements imposed by 19 U.S.C. § 1433. See 19 U.S.C. § 1436. As a general rule, most of the violations of 19 C.F.R. Part 122 carry a separate \$5,000 penalty, in addition to any penalties contained in the individual regulations, and aircraft used in connection with the violation may be seized for forfeiture. See 19 U.S.C. § 1644a(b)(2) and 19 C.F.R. § 122.161. There is a common carrier exemption to forfeiture for customs law violations involving cargo transported by the carrier, which makes it more difficult for the agency to successfully forfeit commercial aircraft. See 19 U.S.C. § 1594(b)(10)(C).²¹ Subpart Q of 19 C.F.R. Part 122 contains additional penalties that apply in the air environment.

Carriers that bring an alien (other than an alien crewman) to the United States who is inadmissible for health grounds under section 212(a)(1) of the INA may be subject to a fine of \$3,000 for every incident, subject to certain exceptions. See INA § 272(a) (8 U.S.C. § 1322(a)). Fines may also be levied against a carrier, agent, charterer, consignee of the aircraft or vessel, or person who brings an alien to the United States who does not have a valid passport and unexpired visa, if a visa was required. See INA §§ 273(a) and (b) (8 U.S.C. § 1323(a), (b)); see also INA § 271 (8 U.S.C. § 1321). There are also criminal penalties associated with knowingly assisting the entry of, and/or smuggling, illegal aliens into the United States. INA § 274 (8 U.S.C. § 1324). Any conveyance used in the commission of a violation of section 274 of the INA is also subject to forfeiture. INA § 274(b) (8 U.S.C. § 1324(b)).

²¹ This exemption states that common carriers cannot be forfeited for violations in the cargo of the conveyance unless the owner or person in charge participated in, or had knowledge of, the violation, or was grossly negligent in preventing or discovering the violation. The definition of common carrier has been left to the courts. Compare, United States v. Stephen Brothers Line, 384 F.2d 118 (5th Cir. 1967) (common carrier is one engaged in the business of carrying goods for other as a public employment, and must hold himself out as ready to engage in the transportation of goods for persons generally) and United States v. One Rockwell International Commander 690C/840, 754 F.2d 284 (8th Cir. 1985) (a common carrier is a carrier that holds itself out to the public as willing to carry all passengers for hire indiscriminately).

CHAPTER III. SEA²²

A. General:

"Vessels" are defined in the Customs regulations as every watercraft or other contrivance used or capable of being used as a means of transportation on water, not including aircraft. See 19 U.S.C. § 1401(a); 19 C.F.R. § 4.0(a). Under Title 19 of the U.S. Code, CBP's authority to enforce the Customs laws extends out 12 nautical miles from the coast (Customs waters). 19 U.S.C. § 1401(j); see also Presidential Proclamation No. 5928 of December 27, 1988, 54 Fed. Reg. 777. These authorities allow "customs officers" to hail, stop, board, and record check vessels without suspicion. 19 U.S.C. § 1581.

1. CBP Controls at Seaports--The vessel generally

a. Arrival

All vessels arriving from foreign ports or places must immediately report their arrival to the nearest Customs facility or other location designated by the Customs Port Director. See 19 U.S.C. § 1433(a); 19 C.F.R. § 4.2. In addition to this requirement, vessels carrying foreign merchandise that come into the United States must, with limited exceptions, also make formal entry with Customs. 19 U.S.C. § 1434(a); 19 C.F.R. § 4.3. Every vessel bound for the United States that is required to make entry pursuant to 19 U.S.C. § 1434(a),²³ must have a manifest that meets the requirements prescribed by regulation. 19 U.S.C. § 1431(a). CBP, as delegated by the Secretary of DHS, has the authority to specify the form and the information and data that must be contained in the manifest, as well as the manner of delivery. 19 U.S.C. § 1431(d)(1)(C). It is this authority upon which the "24-hour rule" regulations (contained in 19 C.F.R. § 4.7-7a) are based, requiring manifests to be produced to CBP 24 hours prior to lading at the foreign port.

b. Departure

Vessels that are bound to foreign ports, except pleasure craft not engaged in trade, are required to obtain "clearance" from CBP at the port of departure. 46 U.S.C. § 60105; 19 C.F.R. § 4.6. Clearance can be denied for a failure to comply with the laws and regulations referenced in 19 C.F.R. § 4.61. The Public Health Regulations are listed. See 19 C.F.R. § 4.61(c)(14)²⁴. Moreover, 19 C.F.R. § 4.70 provides that "[n]o clearance [to depart] will be granted to a vessel subject to the foreign quarantine regulations of the Public Health Service." Failure to obtain such clearance is punishable by civil penalties and vessels may be detained until the penalties are paid or secured. 19 U.S.C. § 1436.

²² For additional information, please see other sections of this Annex:

- See General Overview of Authorities, Section C on Cargo;
- See General Overview, Section F for details on Active and Passive Surveillance;
- See General Overview, Section B.I for applicable immigration authorities that can be exercised at the seaports with respect to aliens;
- See General Overview, Section D for HHS regulations regarding reporting illness and additional penalties that might apply.

²³ The following vessels are required to make entry under 19 U.S.C. § 1434(a): (1) any vessel from a foreign port or place; (2) any foreign vessel from a domestic port; (3) any vessel of the United States having on board bonded merchandise or foreign merchandise for which entry has not been made; or (4) any vessel which has visited a hovering vessel or has delivered or received merchandise while outside the territorial sea. See 19 U.S.C. § 1441 for those vessels that are not required to enter.

²⁴ This provision may apply with respect to aircraft as well through 19 U.S.C. § 1644.

3. CBP Controls at seaports--Passengers and cargo

Commercial vessel carriers must provide Advance Passenger Information System (APIS) data for all passengers and crew arriving in, or departing from, the United States. See 19 C.F.R. § 4.7b(b); 19 C.F.R. § 4.64(b). Depending on the length of voyage, inbound data is due to CBP either at least 96 hours prior to arrival at the first U.S. port (for a voyage of 96 hours or more), prior to departure (for voyages from 24 hours to 96 hours), at least 24 hours prior to arrival at the first port (for voyages less than 24 hours long), or simply prior to arrival (where the vessel is diverted to an alternate U.S. port in times of emergency). See 19 C.F.R. § 4.7b(b)(2). Outbound data is due 15 minutes prior to departure. See 19 C.F.R. § 4.64(b)(2).

Any Customs and/or Immigration authorities that can be exercised to require passengers to remain on a ship upon arrival are very specific and limited to certain circumstances. Section 232 of the INA (8 U.S.C. § 1222) authorizes the detention of aliens (and alien crewmen) arriving at ports of entry "for a sufficient time" to enable immigration and medical officers to conduct physical examinations for admissibility determinations. Section 254 of the INA (8 U.S.C. § 1284) obligates the carrier or commanding officer of any vessel or aircraft arriving from a foreign place to detain alien crewmen at the direction of an immigration officer. Persons on a vessel that arrives in the United States from a foreign port or place must remain on the vessel until Customs authorizes them to disembark. Such persons must then immediately report to a designated Customs location with all their accompanying articles for inspection. 19 C.F.R. § 4.51.

CBP may deny landing or unloading rights upon arrival of the conveyance at the port. See 19 U.S.C. §§ 1447, 1448, 1453. 19 U.S.C. § 1448 generally prohibits merchandise or passengers from being unladen or discharged from a vessel arriving from a foreign port or place until a permit to unlade has been issued by CBP. See 19 C.F.R. § 4.38(a). Moreover, HHS authorities require certain certifications and/or a "bill of health" to be issued and delivered to CBP before a vessel will be permitted to enter a port from a foreign port or place to discharge cargo and/or passengers. See 42 U.S.C. § 269(a), (b) and (e); see also General Overview of Authorities Chapter of this Annex, Section D: HHS Authorities under Title 42.

If in the course of receiving advanced information concerning cargo at a foreign port, CBP determines that the cargo may not be eligible for entry upon arrival to the United States (for any number of different reasons), CBP can issue a "do not load" order prior to the merchandise/cargo being laden on a conveyance. See 19 U.S.C. § 1448. Although the facts of any given case would need to be carefully considered on an individual basis, the lading of merchandise at the foreign port in violation of a CBP "do not load" order may constitute a violation of 19 U.S.C. § 1453. Given potential coordination issues between the information reflected in AMS and information that may appear in paper documentation, establishing this type of violation may be difficult. In the case where CBP receives notice that cargo located at the foreign port may be infected with avian flu, CBP may possibly utilize these authorities to prevent the cargo from being loaded at the foreign port and/or impose appropriate penalties.

4. Penalties

There are several criminal and civil penalties for violations of the report of arrival, entry, and clearance requirements. See 19 U.S.C. § 1436; 19 C.F.R. § 4.7(e), 4.7a(f). Furthermore, any conveyance used in connection with any such violation is subject to seizure and forfeiture. See 19 U.S.C. § 1436(b). Additional penalties may be assessed against the person in charge of the conveyance in instances where merchandise "is imported or brought into the United States in or aboard a conveyance which was not properly reported or entered." 19 U.S.C. § 1436(d). In instances in which the merchandise has not been properly entered, it may be seized and forfeited. 19 U.S.C. §§ 1436(d); 1595a. In addition, it is a federal felony, subject to both fines

and incarceration, to knowingly fail to comply with a federal officer's boarding request, to forcibly resist, prevent or oppose a boarding, or to provide a material false statement during the boarding. 18 U.S.C. § 2237.

B. U.S. Coast Guard:

Under 14 U.S.C. § 89, the U.S. Coast Guard (USCG) may make "inquiries, examination, inspections, searches, and arrests upon the high seas and waters" over which the United States has jurisdiction to enforce U.S. laws. It is anticipated that this authority will be used to identify if a vessel is carrying a person or persons with a quarantinable disease that would present a public health threat to the port if the ship or the person were allowed to enter. In addition, if there is evidence that a vessel is carrying a person or persons with a quarantinable disease that would present a public health threat to the port if the ship or the person were allowed to enter, USCG has authority to prevent the vessel from entering a U.S. port or place until the infected person(s) can be dealt with by HHS/CDC personnel so as to prevent the spread of the disease in the United States. See Annex M: Legal Authorities, DHS Pandemic Influenza Contingency Plan (December 2006). USCG may also assist in controlling vessel movement in other ways, such as directing a vessel to specific locations, restricting persons from departing vessels, or implementing other control measures determined necessary for reasons of national security or to secure the rights and obligations of the United States. See 50 U.S.C. §§ 191–195; 33 U.S.C. §§ 1221–1232; 33 C.F.R. Part 6; 33 C.F.R. § 160.111.

C. Unique Considerations:

Under the "wet foot/dry foot" policy currently in place, if Cuban citizens access dry land in the United States, they must be paroled or admitted into the United States. See Pub. L. 89-732 (November 2, 1966) (Cuban Adjustment Act) (as revised by the Cuban Migration Agreement (May 2, 1995)); see also, INA § 212(d)(5) (8 U.S.C. § 1182(d)(5)). No matter what their immigration status, as a practical matter, upon reaching dry land, these individuals would be physically present in the United States and thus potentially able to spread avian influenza if they are infected. Under the circumstances, the U.S. Government may consider implementing a policy of paroling in or otherwise detaining these individuals to the custody of HHS/CDC personnel for quarantine purposes under HHS authorities.

CHAPTER IV. LAND²⁵

There are specific arrival reporting requirements for individuals as well as vessels, vehicles, and aircraft. These requirements may be helpful in controlling the flow of individuals and vehicle traffic at the borders during times of pandemic.

Individuals must enter the United States at a border crossing designated by the Secretary, must report their arrival, and present themselves and all accompanying belongings for inspection by CBP. See 19 U.S.C. § 1459; 19 C.F.R. § 123.1; INA § 211 (8 U.S.C. § 1181); INA § 235 (8 U.S.C. § 1225(a)(3)); 8 C.F.R. § 235.1 (requires that entry applications must be presented at a port of entry ("POE")). All aircraft, vessels, vehicles, and their passengers must report to CBP upon their arrival to the United States, and all persons, vehicles, and merchandises must be presented for inspection. 19 U.S.C. § 1433; 19 C.F.R. § 123.1. The requirements for individuals to present themselves for inspection at mandated ports of entry is not only important for Customs purposes, but is also important since certain categories of aliens are deemed to be inadmissible and ineligible for visas, and therefore will not be admitted into the United States upon inspection.

²⁵ Please see the General Overview of Authorities Chapter of this Legal Annex for additional information on CBP authorities that apply in the land environment. The following contains a brief discussion of authorities specific to the land port of entry.

See INA § 212 (8 U.S.C. § 1182). The failure to follow these reporting requirements, or leaving or removing a conveyance from a port of entry or station, without authorization, may subject an individual to civil or criminal penalties, and/or incarceration. See 19 U.S.C §§ 1436, and 1459(f), (g), 19 C.F.R. § 123.2. There are also criminal penalties associated with knowingly assisting the entry of, and/or smuggling, illegal aliens into the United States. INA § 274 (8 U.S.C. § 1324).

Merchandise arriving via most vehicles may not be unladen before the report of arrival for the vehicle has been made and a permit for the unloading of the same has been issued by CBP. See 19 U.S.C. § 1448(a); 19 C.F.R. § 123.8. Merchandise may not be delivered from the place of unloading until a permit to deliver has been issued. See id. If merchandise is laden or unladen on a vehicle without the appropriate license from CBP, the person in charge of the vehicle and every other person who is knowingly involved, are each liable for a penalty in the amount equivalent to the value of the merchandise or baggage laden or unladen. See 19 U.S.C. § 1453. Additionally, the merchandise and baggage involved may be subject to forfeiture. See id. If the value of the merchandise or baggage is greater than \$500, the involved vehicle is also subject to forfeiture. See id. If passengers are discharged without authorization from CBP, the person in charge of the vehicle, and every person who is knowingly concerned in the matter or who provides aid, may be subject to a penalty. See 19 U.S.C. § 1454.

CHAPTER V. BETWEEN THE PORTS OF ENTRY

A. Expedited Removal & Mass Migration:

Depending on the nature of an emergency related to aliens, the Secretary of Homeland Security and the Commissioner of CBP have a few special authorities at their disposal, primary among these being "expedited removal." The Secretary of Homeland Security has delegated to the Commissioner the authority to subject certain classes of aliens to expedited removal proceedings under § 235(b)(1)(A)(iii) of the Immigration and Nationality Act of 1952, Pub. L. No. 82-414, 66 Stat. 163, as codified in 8 U.S.C. § 1101, et seq., as amended. In the event of a mass influx of aliens into the United States, this authority enables the Commissioner to exert greater control over the nation's borders. Expedited removal proceedings allow CBP officers to remove arriving aliens from the United States to their country of origin without a hearing or review before an immigration judge. See INA § 235(b)(1)(A)(iii) (8 U.S.C. § 1225(b)(1)(A)(iii)).²⁶

Furthermore, CBP officers may detain aliens subject to expedited removal until they either obtain refugee status or depart the United States. See INA § 235(b)(1)(B)(iii)(IV) (8 U.S.C. 1225(b)(1)(B)(iii)(IV)); 8 C.F.R. § 235.3(b)(iii). They do not release arriving aliens from detention on their own recognizance. See *Matter of D-J*, 23 I & N Dec. 572 (BIA 2003). Expedited removal proceedings, therefore, provide a mechanism to protect the integrity of the border during a mass influx of aliens. The usefulness of this authority is illustrated by the Attorney General's exercise of it when INS was within the Department of Justice. At that time the Attorney General designated all aliens arriving by sea in the United States to be subject to expedited removal proceedings pursuant to INA § 235(b) (8 U.S.C. § 1225(b)). See 67 Fed. Reg. 68924 (2002). This designation represented a specific response to surges in illegal migration from the Caribbean that threatened national security. The Secretary of DHS now has the sole and unreviewable discretion to designate the classes of arriving aliens to which expedited removal applies. See INA § 235(b)(1)(A)(iii) (8 U.S.C. § 1225(b)(1)(A)(iii)). He may respond in the interest of national security to an unexpected surge in illegal migration by designating a new class of aliens from any country or region of the world to be subject to expedited removal proceedings,

²⁶ If an arriving alien indicates that he fears persecution or torture in his home country, then an asylum officer will conduct a credible fear interview. See INA § 235(b)(1)(A)(ii) and (B) (8 U.S.C. § 1225(b)(1)(A)(ii) and (B)). A hearing on the merits of an asylum claim takes place only after an arriving alien has established credible fear.

if such aliens had not affirmatively shown that they had been continuously present in the United States for the 2-year period immediately prior to the date of the determination of inadmissibility. See INA § 235(b)(1)(A)(iii)(II).

The Secretary of Homeland Security and, by delegation, the Commissioner may also authorize state or local law enforcement to act during an unexpected surge in illegal migration with all the powers, privileges, or duties that the Immigration and Nationality Act assigns to immigration officers. See INA § 103(a)(10) (8 U.S.C. § 1103(a)(10)). INA § 103(a)(10) states:

In the event the [Secretary of Homeland Security] determines that an actual or imminent mass influx of aliens arriving off the coast of the United States, or near a land border, presents urgent circumstances requiring an immediate Federal response, the [Secretary of Homeland Security] may authorize any State or local law enforcement, with the consent of the head of the department, agency, or establishment under whose jurisdiction the individual is serving, to perform or exercise any of the powers, privileges, or duties conferred or imposed by this Act or regulations issued thereunder upon officers or employees of the [Department].

This section would permit CBP officers and state or local law enforcement to work together to secure the border under the auspices of the Department of Homeland Security. See 67 Fed. Reg. 48354 (2002). The cooperation between CBP officers and state or local law enforcement allows the Commissioner to respond quickly to a mass influx of aliens at the nation's borders with sufficient manpower and resources. The Commissioner may waive the training normally required for state or local law enforcement to exercise authority under INA § 103(a)(10) in an immigration emergency (i.e., a mass influx of aliens that stretch the capabilities of immigration officials in the affected area or areas). See 68 Fed. Reg. 8820 (2003); 28 C.F.R. § 65.81. Thus, he may utilize state or local law enforcement as well as expedited removal proceedings to control a mass influx of aliens who have surged upon the border during a period of pandemic.

B. General arrest authority--INA § 287 (8 U.S.C. § 1357):

Another immigration authority that may be utilized to help control the borders during a pandemic is the arrest authority. Illegal aliens discovered within the United States by CBP or Border Patrol officers may be arrested without a warrant for immigration violations. 8 U.S.C. § 1357(a). 8 C.F.R. § 287.3(d) states that an initial custody determination shall be made and a charging document issued within 48 hours of an alien's arrest unless an emergency or other extraordinary circumstances require additional time. The Department of Homeland Security has interpreted the phrase "emergency or other extraordinary circumstances" to include an immigration emergency resulting in the influx of large numbers of detained aliens, terrorism, and particularized law enforcement needs. See Memorandum on Guidance on ICE Implementation of Policy and Practice Changes Recommended by the Department of Justice Inspector General (March 30, 2004). Consequently, the Secretary of Homeland Security, and by delegation, the Commissioner, has the authority under emergency or extraordinary circumstances to detain illegal aliens for more than 48 hours after their arrest. However, this authority can only be exercised when the alien is subject to arrest for a criminal or other separate violation of the law. Individuals are not subject to arrest simply for attempting to enter the United States by lawful means while carrying or potentially carrying a communicable disease.

There is an expectation that the Detention and Removal office of Immigration and Customs Enforcement (ICE/DRO) will transport and detain any infected or potentially infected aliens who have been apprehended for immigration or other violations, even in times of pandemic. As an alternative, the Office of the Border Patrol is exploring alternative detention and transportation options that may be relied upon, if necessary. See CBP Plan, Annex II-Office of Border Patrol Operations Plan for Pandemic Response at page 5.

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Attachment 1 Job Hazard Analysis & PPE Assessment	Job Title: Jobs with potential exposure to Avian/Pandemic Influenza		Date: January 10, 2006	New <u>X</u> Revised ___
	Title of person who does job: CBP Law Enforcement	Supervisor:	Prepared By: Eric McQueen, Industrial Hygienist Douglas Rupard, Safety and Health Manager Pat Donley, Safety and Health Manager	
Port/Office: CBP Wide	Location: World Wide	Department: All	Reviewed By: Mark Bennett, OFO Mic McKeighan, Acting Deputy Director, OSH	
Required or Recommended Personal Protective Equipment: N95 Respirator, Surgical Masks, Transport Hood, Leather Gloves, Nitrile Gloves, Impermeable Apron, Goggles (Splash), Hand Sanitizer, Tyvek Coveralls, Bio Hazard Bag, Sharps Box			Approved by: Gary McMahan, Director	
Operations	Tasks	Hazards	PPE/Recommendations	
1. Airport Operations	Primary Passenger Processing	Casual Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide (Offer) Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Passenger Separation & Social Distancing • Evaluation By CDC And Quarantine If Necessary 	
2. Airport Operations	Secondary Inspection of Baggage	Exposure (Clandestine) To Potentially <u>Infectious</u> Live Birds	<ul style="list-style-type: none"> • N95 Respirator • Leather & Nitrile Inner Gloves • Impermeable Apron • Goggles (Splash) • Hygiene/Hand Washing/Hand Sanitizer 	

Operations	Tasks	Hazards	PPE/Recommendations
3. Airport Operations	Secondary Passenger Processing (Search, Detention, etc)	<p>Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings) Close (<3 ft) Contact With</p> <p>Symptomatic Individuals</p>	<ul style="list-style-type: none"> • Disposable Nitrile Gloves • N95 Respirator • Apron/Tyvek Coveralls As Needed • Hygiene/Hand Washing/Hand Sanitizer • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Disposable Nitrile Gloves • Quarantine If Necessary (Per CDC)
4. Airport Operations	Cargo/Mail Inspections	<p>Exposure (Clandestine) To Potentially <u>Infectious</u> Live Birds</p> <p>Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings)</p>	<ul style="list-style-type: none"> • N95 Respirator • Leather & Inner Nitrile Glove • Impermeable Apron • Goggles (Splash) • Hygiene/Hand Washing/Hand Sanitizer • Disposable Nitrile Gloves • N95 Respirator • Apron or Tyvek Coveralls (for large qty) • Hygiene/Hand Washing/Hand Sanitizer

Operations	Tasks	Hazards	PPE/Recommendations
5. Airport Operations	Decontamination of Work Areas and Vehicles (GOV)	Contact With Alcohol, Bleach, Germicide Disinfectant And Potentially Infectious Material (Carcass, Meats, Eggs, Feathers, Droppings)	<ul style="list-style-type: none"> • Employee Training (HAZCOM) • Signage/Awareness • Adequate Ventilation • Impermeable Gloves • Tyvek Coveralls • N95 Respirator • Disposable Nitrile Gloves • Bio Hazard Bags • Splash Goggles
6. Land Border Operations/ Border Patrol Check Points	Transportation of Symptomatic Persons	Close (<3 ft) Contact With Symptomatic Persons	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Sick Person Wears Surgical Mask Or Transport Hood • Vehicle Ventilation
7. Land Border Operations/ Border Patrol Check Points	Primary Processing of Vehicle (POV) Operator and Passengers	Casual Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing • Vehicle & Passengers Referred To Secondary For Separation • Evaluation By CDC & Quarantine If Necessary
8. Land Border Operations/ Border Patrol Check Points	Secondary Inspection of Vehicle (POV), Cargo and Baggage	Exposure (Clandestine) To Potentially <u>Infectious</u> Live Birds	<ul style="list-style-type: none"> • N95 Respirator • Leather & Nitrile Inner Nitrile Glove • Impermeable Apron • Goggles (Splash) • Hygiene/Hand Washing/Hand Sanitizer

Operations	Tasks	Hazards	PPE/Recommendations
9. Land Border Operations/ Border Patrol Check Points	Secondary Processing of POV Operators and Passengers (Search, Detention, etc)	<p>Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings)</p> <p>Close (<3 ft) Contact With Symptomatic Individuals</p>	<ul style="list-style-type: none"> • Disposable Nitrile Gloves • N95 Respirator • Apron or Tyvek Coveralls (for large qty) • Hygiene/Hand Washing/Hand Sanitizer • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Disposable Nitrile Gloves • Quarantine If Necessary (Per CDC)
10. Land Border Operations/ Border Patrol Check Points	Alien Interdiction	Direct Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Disposable Nitrile Gloves • Quarantine If Necessary (Per CDC)

Operations	Tasks	Hazards	PPE/Recommendations
11. Land Border Operations/ Border Patrol Check Points	Transportation of Symptomatic Persons	<p>Exposure (Clandestine) To Potentially <u>Infectious</u> Live Birds</p> <p>Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings)</p> <p>Close (<3 ft) Contact With Symptomatic Persons</p>	<ul style="list-style-type: none"> • N95 Respirator • Leather & Nitrile Inner Glove • Impermeable Apron • Goggles (Splash) • Hygiene/Hand Washing/Hand Sanitizer • Disposable Nitrile Gloves • N95 Respirator • Apron or Tyvek Coveralls (for large qty) • Hygiene/Hand Washing/Hand Sanitizer • Employee Training (Avian Flu) • Sick Person Wears Surgical Mask Or Transport Hood • Vehicle Ventilation
	Decontamination of Work Areas, Holding Areas, Quarantine Rooms and Vehicles (GOV)	Contact With Alcohol, Bleach, Germicide Disinfectant And Potentially Infectious Material (Carcass, Meats, Eggs, Feathers, Droppings)	<ul style="list-style-type: none"> • Operate AC with exits & doors closed to provide at least one air exchange. • Employee Training (HAZCOM) • Signage/Awareness • Adequate Ventilation • Impermeable Apron • Tyvek Coveralls • N95 Respirator • Disposable Nitrile Gloves • Bio Hazard Bags • Eye Wash (For Mixing Op)

Operations	Tasks	Hazards	PPE/Recommendations
12. Seaport Operations	Primary Cruise Ship Passenger and Crewmember Processing	Casual Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide (Offer) Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Passenger Separation And Social Distancing (>3 ft) • Evaluation By CDC And Quarantine
13. Seaport Operations	Secondary Inspection of Baggage	Exposure (Clandestine) To Potentially <u>Infectious</u> Live Birds	<ul style="list-style-type: none"> • N95 Respirator • Leather & Nitrile Inner Glove • Impermeable Apron • Goggles (Splash) • Hygiene/Hand Washing/Hand Sanitizer
14. Seaport Operations	Secondary Inspection of Baggage	Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings)	<ul style="list-style-type: none"> • Disposable Nitrile Gloves • N95 Respirator • Apron or Tyvek Coveralls As Needed
15. Seaport Operations	Secondary Processing of Crewmembers and Passengers	Close (<3 ft) Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Disposable Nitrile Gloves • Quarantine If Necessary (Per CDC)

Operations	Tasks	Hazards	PPE/Recommendations
16. Seaport Operations	Vessel Cargo/Sea Container Inspections	<p>Exposure (Clandestine) To Potentially <u>Infectious</u> Live Birds</p> <p>Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings)</p>	<ul style="list-style-type: none"> • N95 Respirator • Leather & Nitrile Inner Glove • Impermeable Apron • Goggles (Splash) • Hygiene/Hand Washing/Hand Sanitizer • Disposable Nitrile Gloves • N95 Respirator • Apron or Tyvek Coveralls (for lg qty) • Hygiene/Hand Washing/Hand Sanitizer
17. Seaport Operations	Transportation of Symptomatic Persons	Close (<3 ft) Contact With Symptomatic Persons	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Sick Person Wears Surgical Mask Or Transport Hood • Vehicle Mechanical Ventilation
18. Air/Marine Operations	Vessel Boarding/Alien Interdiction	Close (<3 ft) Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Disposable Nitrile Gloves • Quarantine If Necessary (Per CDC)

Operations	Tasks	Hazards	PPE/Recommendations
19. Air/Marine Operations	Air Transport of Passengers	Close (<3 ft) Contact With Symptomatic Individuals	<ul style="list-style-type: none"> • Employee Training (Avian Flu) • Signage/Awareness • Hygiene/Hand Washing/Hand Sanitizer • Provide Tissues Or Surgical Mask For Symptomatic Passengers • Officer Wears N95 Respirator For Noncompliant Passengers • Disposable Nitrile Gloves • Quarantine If Necessary (Per CDC)
20. Air/Marine Operations	Air Transport of Potentially Infectious Material	Exposure To Potentially <u>Infected</u> Bird Remains (Carcass, Meats, Eggs, Feathers, Droppings)	<ul style="list-style-type: none"> • Minimum number Of Crew Members • Disposable Nitrile Gloves • N95 Respirator (Air Crew Can Wear Oxygen Delivering Aviator Tight-Fitting Face Pieces) • Apron or Tyvek Coveralls (for lg qty) • Hygiene/Hand Washing/Hand Sanitizer • <u>"Upwind" PPE Breaks During Long Missions</u>

Operations	Tasks	Hazards	PPE/Recommendations
21. All Ports	Disposal of Contaminated Waste	Exposure To Potentially Harmful Pathogens (Microorganisms)	<ul style="list-style-type: none"> • <u>Excretions (feces, urine)</u> - should be carefully poured down the toilet. • <u>Dry Solid Waste (gloves, respirators)</u> - should be collected in biohazard bags for disposal as regulated waste. • <u>Saturated Waste (blood, body fluid)</u> – Should be collected in leak-proof biohazard bags or containers for disposal as regulated waste. • <u>Sharps</u> - shall be collected in puncture-resistant sharps containers for disposal as regulated waste. See the Area Safety Manager for assistance. <p>...</p> <ul style="list-style-type: none"> • Bloodborne Pathogen Training • Disposable Nitrile Gloves • Impermeable Apron • Tyvek Coveralls • N95 Respirator • Bio Hazard Bags

Operations	Tasks	Hazards	PPE/Recommendations
22. All Ports Except Air/Marine Operations	Disinfection of Contaminated Surfaces	<p>Exposure To Potentially Harmful Pathogens (Microorganisms) And Disinfectant Chemicals</p> <ul style="list-style-type: none"> • <u>Sodium Hypochlorite</u> used to disinfect material contaminated with blood and bloody fluids. • <u>Alcohol</u> used to disinfect smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used. • <u>Germicidal (i.e., Virkon-S)</u> 	<ul style="list-style-type: none"> • <u>Sodium Hypochlorite</u> 1% (from 5% solution diluted 1:5 in clean water) <ul style="list-style-type: none"> -Should be used in well-ventilated areas. -Do not mix with strong acids to avoid release of chlorine gas. Corrosive to metals • <u>Alcohol 70% (isopropyl, ethyl alcohol, methylated spirit)</u> <ul style="list-style-type: none"> -Flammable, toxic, to be used in well-ventilated area, avoid inhalation. -Keep away from heat sources, electrical equipment, flames, and hot surfaces. -Allow it to dry completely. • <u>Germicidal</u> <ul style="list-style-type: none"> -Follow manufacturer's instructions ... • <u>Warning - Clean with soap or detergent before using a disinfectant</u> • Employee Training (HAZCOM) • Adequate Ventilation • Impermeable Apron • Tyvek Coveralls • N95 Respirator • Disposable Nitrile Gloves • Bio Hazard Bags • Eye Wash (For Mixing Op) • Towelettes (absorbent)

Operations	Tasks	Hazards	PPE/Recommendations
23. Air/Marine Operations	Cleaning of Contaminated Surfaces	Exposure To Aircraft/Boat Approved Soaps & Detergents	<ul style="list-style-type: none"> • <u>Pressurized Craft</u> - Operate air conditioning (AC) with exits & doors closed to provide at least one air exchange. • <u>Non-Pressurized Craft</u> – Air out, with exits and doors open long enough to ensure a complete air exchange. ... • <u>PPE Same as #22 but using aircraft or marine approved (compatible) solutions</u> (Caution: delicate electronics and surface materials that may corrode easily).
<p>Notes:</p> <ol style="list-style-type: none"> 1. This JHA only relates to CBP task involving the potential exposure to the Avian Influenza Virus. It does not address other more typical hazards that may be associated with the task outlined above. See your Area Safety Manager for assistance. 2. The most effective way to reduce the potential risk of influenza is maintenance of personal hygiene and proper hand washing. 3. For specific recommendations on PPE type, brand, or sources, contact your Area Safety Manager or the Safety and Health Branch for assistance. 4. For more information about Avian Influenza see www.CDC.gov or www.pandemicflu.gov. 			

Attachment 2**CDC Quarantine Stations**

Quarantine Stations	Ports Of Entry	Border Patrol Stations
CDC Anchorage Quarantine Station	Juneau, AK	
4600 Postmark Drive, Suite NC 206	Ketchikan, AK	
Anchorage, Alaska 99502	Skagway, AK	
Ph: (907) 271-6301	Alcan, AK	
Fax: (907) 271-6325	Wrangell, AK	
Hours: 8:00 AM–4:30 PM, Mon–Fri	Dalton Cache, AK	
OIC: Shahrokh Roohi	Valdez, AK	
Jurisdiction: All ports in Alaska.	Sitka, AK	
	Anchorage, AK	
CDC Atlanta Quarantine Station	Wilmington, NC	Mobile, AL
Hartsfield International Airport	Winston Salem, NC	Gulfport, MS
PO Box 45256	Durham, NC	New Orleans, LA
Atlanta, GA 30320	Reidsville, NC	Baton Rouge, LA
Ph: (404) 639-1220	Beaufort-Morehead City, NC	Lake Charles, LA
Fax: (404) 639-1224	Charlotte, NC	Little Rock, AR
Hours: 8:30 AM–6:30 PM, Mon–Fri	Charleston, SC	
OIC: Terrence Daley	Georgetown, SC	
Jurisdiction: All ports in Georgia, Alabama, Arkansas, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.	Greenville-Spartanburg, SC	
	Columbia, SC	
	Brunswick, GA	
	Savannah, GA	
	Atlanta, GA	
	Mobile, AL	
	Gulfport, MS	
	Pascagoula, MS	
	Greenville, MS	
	Birmingham, AL	
	Huntsville, AL	
	Morgan City, LA	
	New Orleans, LA	
	Little Rock, AR	
	Baton Rouge, LA	
	Memphis, TN	
	Nashville, TN	
	Chattanooga, TN	
	Gramercy, LA	
	Vicksburg, MS	
	Knoxville, TN	
	Lake Charles, LA	
	Shreveport-Bossier City, LA	
	Jackson Airport, MS	
	Tri-City Airport, Blountville, TN	

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CDC Boston Quarantine Station	Portland, ME	Calais, ME
Terminal E	Bangor, ME	Houlton, ME
Logan International Airport	Eastport, ME	Fort Fairfield, ME
East Boston, MA 02128	Jackman, ME	Van Buren, ME
Ph: (617) 820-6877 (temp)	Vanceboro, ME	Jackman, ME
Fax:	Houlton, ME	Rangeley, ME
Hours: 8:00 AM- 4:30 PM, Mon-Fri	Fort Fairfield, ME	
OIC: Maria Pia Sanchez	Van Buren, ME	
Jurisdiction: All ports in Massachusetts, Maine, New Hampshire, and Rhode Island.	Madawaska, ME	
	Fort Kent, ME	
	Bath, ME	
	Bar Harbor, ME	
	Calais, ME	
	Limestone, ME	
	Rockland, ME	
	Jonesport, ME	
	Bridgewater, ME	
	Portsmouth, NH	
	Belfast, ME	
	Boston, MA	
	Springfield, MA	
	Worcester, MA	
	Gloucester, MA	
	New Bedford, MA	
	Plymouth, MA	
	Fall River, MA	
	Salem, MA	
	Lawrence, MA	
	Logan Airport	
	Newport, RI	
	Providence, RI	
	Mellville, RI	

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CDC Chicago Quarantine Station	Chicago, IL	
O'Hare International Airport	Peoria, IL	
AMF O'Hare, POB 66012	O'Hare International Airport	
Chicago, IL 60666-0012	Des Moines, IA	
Ph: (773) 894-2960	Davenport, IA	
Fax: (773) 894-2970	Cincinnati, OH/Lawrenceburg, IN	
Hours: 12:00 PM–8:00 PM, Mon-Fri	Indianapolis, IN	
OIC: Sena Blumensaadt	Evansville, IN	
Jurisdiction: All ports in Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Missouri, Ohio, and Wisconsin. Canadian pre-clearance port: Toronto.	Kansas City, MO	
	St. Joseph, MO	
	St. Louis, MO	
	Wichita, KS	
	Springfield, MO	
	Ashland, WI	
	Milwaukee, WI	
	Marionette, WI	
	Green Bay, WI	
	Manitowoc, WI	
	Sheboygan, WI	
	Racine, WI	
	Willow Run Airport	
	Omaha, NB	
	Toronto, CN - Preclearance	
CDC Dallas Quarantine Station	Dallas/Ft. Worth, TX	Midland, TX
Location : Airport	Amarillo, TX	Amarillo, TX
Location at airport	Lubbock, TX	Lubbock, TX
Physical Address	Midland Airport	
Dallas, Tx 75xxx	Oklahoma City, OK	
P.O. Box	Tulsa, OK	
Ph: (404) 729-5956	DFW International Airport	
24 hour answering service number:	Dallas Love Field Airport	
FAX:	Fort Worth Alliance Airport	
Hours:	Addison Airport	
OIC: John Netherlin		
Jurisdiction: DFW International Airport, Dallas Love Field Airport; Fort Worth Alliance Airport; Addison Airport; Airports in Amarillo / Lubbock / Midland / Arkansas / Oklahoma		

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CDC Detroit Quarantine Station	Cleveland, OH	Trenton, MI
2613 World Gateway Place	Columbus, OH	Detroit, MI
Detroit Metropolitan Airport	Dayton, OH	Port Huron, MI
McNamara Terminal, Bldg. 830	Toledo/Sandusky, OH	Grand Rapids, MI
Detroit, Michigan 48242	Akron, OH	Sault Ste. Marie, MI
Ph: (734) 955-6197	Louisville, KY	
Fax: (734) 955-7790	Port of Owensboro, KY	
Hours: 8:00 AM–4:30 PM, Mon–Fri	Ashtabula/Conneaut, OH	
OIC: Gabe Palumbo	Detroit, MI	
Jurisdiction: All ports in Michigan, Kentucky and Ohio.	Port Huron, MI	
	Sault Ste. Marie, MI	
	Saginaw/Bay City/Flint, MI	
	Battlecreek, MI	
	Grand Rapids, MI	
	Algonac, MI	
	Muskegon, MI	

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CDC El Paso Quarantine Station	El Paso, TX	Comstock, TX
Center for Border Health Research	Presidio, TX	Carrizo Springs, TX
1100 N. Stanton, Ste 410	Fabens, TX	Del Rio, TX
El Paso, TX 79902	Columbus, NM	Eagle Pass, TX
Ph: (915) 577-0970 [ex. 12 or 20]	Albuquerque, NM	Brackettville, TX
24-hour answering service number: (915) 543-2829	Brownsville, TX	Uvalde, TX
Fax: (915) 541-1137	Del Rio, TX	Rocksprings, TX
Hours: 8:00 AM–4:30 PM, Mon–Fri	Eagle Pass, TX	Rocksprings - Llano, TX
OIC: Todd Wilson	Laredo, TX	San Angelo, TX
Jurisdiction: All ports in West Texas and New Mexico, including the U.S.-Mexico border for those two states.	Hidalgo, TX	San Angelo - Abilene, TX
	Rio Grande City, TX	Lordsburg, NM
	Progreso, TX	Truth or Consequences, NM
	Roma, TX	Las Cruces, NM
		El Paso, TX
		Fabens, TX
		Alamogordo, NM
		Fort Hancock, TX
		Carlsbad, NM
		Deming, NM
		Deming - Silver City, NM
		Ysleta, TX
		Albuquerque, NM
		Santa Teresa, NM
		Laredo Del Mar, TX
		Cotulla, TX
		Hebbronville, TX
		Laredo South, TX
		Freer, TX
		Zapata, TX
		Mercedes, TX
		Falfurrias, TX
		Rio Grande City, TX
		McAllen, TX
		Brownsville, TX
		Harlingen, TX
		Kingsville, TX
		Fort Brown, TX
CDC Honolulu Quarantine Station	Honolulu, HI	
Honolulu International Airport	Hilo, HI	
300 Rodgers Blvd., #67	Kahului, HI	
Honolulu, HI 96819-1897	Nawiliwili-Port Allen, HI	
Ph: (808) 861-8530	Honolulu International Airport	
Fax: (808) 861-8532	Kona, HI	
Hours: 6:00 AM–4:00 PM, Mon–Fri	Guam, MI	
OIC: Robert Tapia		
Jurisdiction: All ports in Hawaii, Guam, and Pacific Trust Territories.		

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CDC Houston Quarantine Station	Port Arthur, TX	Dallas, TX
George Bush Intercontinental Airport (IAH)	Beaumont, TX	San Antonio, TX
3870 North Terminal Road	Houston, TX	Lubbock, TX
C/O CBP, International Arrivals	Houston Intl Airport	Lubbock - Amarillo, TX
US Public Health Service, IA2.0833	Galveston, TX	Presidio, TX
Houston, Texas 77032	Freeport, TX	Marfa, TX
Ph: (281) 230-3874	Corpus Christi, TX	Pecos, TX
Fax:	Port Lavaca, TX	Fort Stockton, TX
Hours: 8:00 AM- 4:30 PM, Mon-Fri	Austin, TX	Sanderson, TX
OIC: Jaquelyn Polder	San Antonio, TX	Alpine, TX
Jurisdiction: All ports in East Texas (includes D/FW, Austin and San Antonio), Texas Gulf ports and Oklahoma.		Alpine -Big Bend National Park, TX
		Sierra Blanca, TX
		Van Horn, TX
CDC Los Angeles Quarantine Station	Los Angeles, CA	Casa Grande, AZ
Tom Bradley International Airport	Port San Luis, CA	Tucson, AZ
380 World Way, Box N19	Long Beach, CA	Nogales, AZ
Los Angeles, CA 90045	El Segundo, CA	Wilcox, AZ
Ph: (310) 215-2365	Ventura, CA	Douglas, AZ
Fax: (310) 215-2285	Port Hueneme, CA	AJO, AZ
Hours:7:00 AM-4:30 PM, Mon-Fri	LAX Intl Airport, CA	Naco, AZ
8:00 AM-4:30 PM, Sat, Sun, holidays	Ontario, CA	Sonoita, AZ
OIC: Michael Marty	Reno, NV	Blythe, AZ
Jurisdiction: All ports in Southern California (excluding the US-Mexico border counties), Nevada, and Arizona. So. CA counties include Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, San Luis Obispo		
	Las Vegas, NV	Yuma, AZ
	Palm Springs, CA	Wellton, AZ
	Douglas, AZ	
	Lukeville, AZ	
	Naco, AZ	
	Noales, AZ	
	Phoenix, AZ	
	Sasbe, AZ	
	San Luis, AZ	
	Tucson, AZ	
	Scottsdale, AZ	

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CDC Miami Quarantine Station	Miami, FL	Miami, FL
Miami International Airport	Key West, FL	Jacksonville, FL
PO Box 996488	Port Everglades, FL	West Palm Beach, FL
Miami, FL 33299-6488	West Palm Beach, FL	Tampa, FL
Ph: (305) 526-2910	Fort Pierce, FL	Orlando, FL
Fax: (305) 526-2798	Miami Intl Airport	
Hours: 6:00 AM–4:00 PM, Mon–Fri	Fort Lauderdale, FL	
8:00 AM–4:00 PM, Sat, Sun, holidays	Tampa, FL	
OIC: Anthony Drew	Jacksonville, FL	
Jurisdiction: All ports in Florida.	Fernandina Beach, FL	
	Carrabelle, FL	
	Boca Grande, FL	
	Orlando, FL	
	Sanford Regional Airport, FL	
	St. Petersburg, FL	
	Cape Canaveral, FL	
	Apalachicola, FL	
	Panama City, FL	
	Pensacola, FL	
	Port St. Joe, FL	
	Port Manatee, FL	
	Ft. Myers Regional Airport	
	Sarasota Bradenton Airport	
	Melbourne Regional Airport	
	Ocala Regional Airport, FL	

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CDC Minneapolis Quarantine Station	Pembina, ND	Grand Forks, ND
Minneapolis-St. Paul International Airport	Noyes, MN	Portal, ND
Lindberg Terminal, Suite G-2256	Portal, ND	Bottineau, ND
4300 Glumack Drive	Neche, ND	Pembina, ND
St. Paul, MN 55111	St. John, ND	International Falls, MN
Ph: (612) 725-3005	Northgate, ND	Warroad, MN
Fax:	Walhalla, ND	Duluth, MN
Hours: 8:00 AM- 4:30 PM Mon-Fri	Hannah, ND	Duluth - Grand Marais, MN
OIC: Pamela Lutz	Sarles, ND	
Jurisdiction: All ports in Minnesota, Nebraska, North Dakota and South Dakota.	Ambrose, ND	
	Antler, ND	
	Sherwood, ND	
	Hansboro, ND	
	Maida, ND	
	Fortuna, ND	
	Westhope, ND	
	Noonan, ND	
	Carbury, ND	
	Dunseith, MN	
	Warroad, MN	
	Baudette, MN	
	Pinecreek, MN	
	Roseau, MN	
	Minneapolis-St. Paul, MN	
	Sioux Falls, SD	
	Rochester, MN	
	Duluth, MN	
	Ashland, WI	
	International Falls/Rainier, MN	
	Grand Portage, MN	
CDC Newark Quarantine Station	Newark	
Newark Liberty International Airport	Perth Amboy, NJ	
Terminal B - Box 52	Wilmington, DE	
Newark, NJ 07114		
Ph: (973) 704-7452 (temp)		
Fax:		
Hours: 9:00 AM-5:30 PM Mon-Fri		
OIC: John Bateman		
Jurisdiction: All ports in New Jersey and Delaware.		

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CDC New York Quarantine Station	Burlington, VT	Swanton, VT
JFK International Airport	North Troy, VT	Richford, VT
Room 219.016 Terminal 4 (E)	Derby Line, VT	Newport, VT
Jamaica, NY 11430-1081	Norton, VT	Beecher Falls, VT
Ph: (718) 553-1685	St. Albans, VT	Champlain, NY
Fax: (718) 553-1524	Richford, VT	Ogdensburg, NY
Hours: 8:00 AM–6:00 PM, Mon–Fri	Beecher Falls, VT	Massena, NY
10:00 AM–6:00 PM, Sat, Sun, holidays	Highgate Springs/Alburg, VT	Burke, NY
OIC: Margaret Becker	Bridgeport, CT	Erie, PA
Jurisdiction: All ports in New York, Connecticut, Pennsylvania, and Vermont. Canadian pre-clearance port: Montreal. Also, pre-clearance at Shannon and Dublin.	Hartford, CT	
	New Haven, CT	
	New London, CT	
	Clayton, NY	
	Chateaugay, NY	
	Ogdensburg, NY	
	Massena, NY	
	Fort Covington, NY	
	Cape Vincent, NY	
	Alexandria Bay, NY	
	Champlain-Rouses Point, NY	
	Trout River	
	Buffalo/Niagra Falls, NY	
	Rochester, NY	
	Oswego, NY	
	Sodus Point, NY	
	Syracuse, NY	
	Utica, NY	
	JFK International Airport	
	New York Seaport	
	Albany, NY	
	Philadelphia, PA	
	Chester, PA	
	Erie, PA	
	Pittsburgh, PA	
	Wilkes Barre/Scaranton, PA	
	Philadelphia International Airport	
	Harrisburg, PA	
	Allentown, PA	
	Montreal, CN - Preclearance	
	Shannon, IR - Preclearance	
	Dublin, IR - Preclearance	

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CDC San Diego Quarantine Station	San Diego, CA	Indio, CA
CDC San Diego Quarantine Station	Andrade, CA	El Centro, CA
3851 Rosecrans St.,	Calexico, CA	Riverside, CA
P.O. Box 85524, MS-P511B OBH	San Ysidro, CA	Calexico, CA
San Diego, CA 92138-5524	Tecate, CA	San Clemente, CA
Ph: (619) 692-5659	Otay Mesa Station	Temecula, CA
Fax: (619) 692-8821	Calexico-East, CA	Brown Field Station, CA
Hours: 8:00 AM–4:30 PM, Mon–Fri		Chula Vista, CA
OIC: David Gambill		Campo Station, CA
Jurisdiction: All ports and the U.S.-Mexico border in San Diego and Imperial Counties of Southern California.		Boulevard Duty Post, CA
		El Cajon, CA
		Imperial Beach, CA
CDC San Francisco Quarantine Station	San Francisco International Airport	Sacramento, CA
San Francisco International Airport	Eureka, CA	Stockton, CA
PO Box 280548 SFIA	Fresno, CA	Fresno, CA
San Francisco, CA 94128-0548	Monterey, CA	Bakersfield, CA
Ph: (650) 876-2872	San Francisco, CA	San Luis, CA
Fax: (650) 876-2796	Stockton, CA	Salinas, CA
Hours: 8:00 AM–4:30 PM, Mon–Fri	Oakland, CA	Livermore, CA
8:00 AM–4:00 PM, Sat, Sun, holidays	Sacramento, CA	
OIC: Susan Dwyer	San Joaquin River, CA	
Jurisdiction: All ports in Central and Northern California (46 counties).	San Jose, CA	
CDC San Juan Quarantine Station	Aguadilla, PR	Ramey, PR
CDC San Juan Quarantine Station	Fajardo, PR	
PO Box 37197	Humacao, PR	
San Juan, PR 00937-0197	Guanica, PR	
Ph: (787) 253-7868	Mayaguez, PR	
Alternate ph: (770) 331-5998	Ponce, PR	
Fax:	San Juan, PR	
Hours: 8AM-4:30PM, Mon-Fri	Jobos, PR	
OIC: Olga Joglar	San Juan International Airport	
Jurisdiction: All ports in Puerto Rico and the U.S. Virgin Islands.	Charlotte Amalie, VI	
	Cruz Bay, VI	
	Coral Bay, VI	
	Christiansted, VI	
	Frederiksted, VI	
	Pre-Clearance, St. Thomas, VI	
	Pre-Clearance, St. Croix, VI	

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CDC Seattle Quarantine Station	Astoria, OR	Havre, MT
Seattle-Tacoma International Airport Room S-2067	Newport, OR	Havre - Malta, MT
Seattle, WA 98158-1250	Coos Bay, OR	Havre - Billings, MT
Ph: (206) 553-4519	Portland, OR	Twin Falls, ID
Fax: (206) 553-4455	Longview, WA	Shelby, MT
Hours: 8:00AM-4:00PM, Mon-Fri	Boise, ID	Shelby - Sweetgrass, MT
OIC: Heather Hastings	Portland International Airport	Shelby - St. Mary, MT
Jurisdiction: All ports in Washington, Colorado, Idaho, Montana, Oregon, Utah, and Wyoming. Canadian pre-clearance ports: Edmonton, Calgary, Vancouver, and Victoria.	Seattle, WA	Plentywood, MT
	Tacoma, WA	Plentywood - Scobey, MT
	Aberdeen-Hoquiam, WA	Blaine, WA
	Blaine, WA	Lynden, WA
	Bellingham, WA	Bellingham, WA
	Everett, WA	Port Angeles, WA
	Port Angeles, WA	Roseburg, OR
	Port Townsend, WA	Spokane, WA
	Sumas, WA	Pasco, WA
	Anacortes, WA	Oroville, WA
	Nighthawk, WA	Wenatchee, WA
	Danville, WA	Colville, WA
	Ferry, WA	Bonnars Ferry, ID
	Friday Harbor, WA	White Fish, MT
	Boundry, WA	Eureka, MT
	Laurier, WA	Curlew, WA
	Point Roberts, WA	Metaline Falls, WA
	Oroville, WA	
	Frontier, WA	
	Spokane, WA	
	Lynden, WA	
	Metaline Falls, WA	
	Olympia, WA	
	Neah Bay, WA	
	Seattle Airport	
	Raymond, MT	
	Eastport, ID	
	Salt Lake City, UT	
	Great Falls, MT	
	Butte, MT	
	Turner, MT	
	Denver, CO	
	Porthill, ID	
	Scobey, MT	
	Sweetgrass, MT	
	Whitetail, MT	
	Piegan, MT	
	Opheim, MT	
	Morgan, MT	
	Rooseville, MT	
	Whitelash, MT	

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	Del Bonita, MT	
	Vancouver, CN Preclearance	
	Calgary, CN Preclearance	
	Edmonton, CN Preclearance	
CDC Washington Quarantine Station	Annapolis, MD	
Dulles International Airport	Cambridge, MD	
P.O. Box 17087	Baltimore, MD	
Washington, DC 20041	Crisfield, MD	
Ph: 404-917-9287 (temp)	BWI Airport	
Fax:	Norfolk, VA	
Hours: 8:00 AM- 4:30 PM, Mon–Fri	Newport News, VA	
OIC: Jason Thomas	Richmond-Petersburg, VA	
Jurisdiction: All ports in Washington DC, Maryland, Virginia, and West Virginia.	Charleston, WV	
	Front Royal, VA	
	Washington, DC	
	Alexandria, VA	

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**REQUEST FOR INFORMATION BY THE CENTERS FOR DISEASE CONTROL
OR PUBLIC HEALTH**

Name of Requesting Official: _____

Title and Agency: _____

Contact Information (phone): _____

Date/Time of Request: _____

Reason for Request: _____

The above CDC/PH official requests the Customs Declaration(s) (CF 6059B) for the following individual(s):

Passenger Name(s): _____

Flight/Vessel Number: _____

Country of Origin: _____

In accepting this information, the requesting CDC/PH official assures CBP that it will take appropriate measures to maintain the privacy of the information contained within the declaration(s) provided to him/her. The official additionally acknowledges that the CDC/PH must seek explicit permission/consent from CBP before releasing such information to any third party or individual.

Signed: _____ Date: _____
(Requesting CDC/PH Official)

Below to be completed by CBP only

CBP Supervisor: _____ Port: _____

Number of Originals Provided: _____


Number of Originals Returned: _____

Returned to: _____

Date/Time Returned: _____

Attachment 4

Significant Agriculture Incident Reporting

	<p>U.S. Department of Homeland Security Washington, DC 20229</p>  <p>U.S. Customs and Border Protection</p>
JUN 23 2004	
MEMORANDUM FOR:	DIRECTORS, FIELD OPERATIONS DIRECTOR, PRECLEARANCE OPERATIONS EXECUTIVE DIRECTORS, OFO
FROM:	Acting Executive Director, Operations Office of Field Operations
SUBJECT:	Reporting Requirements for Significant Agriculture Inspection Incidents TC# OPS-FY04-1230
<p>CBP Directive 3340-025B, entitled "Commissioner's Situation Room Reporting," dated May 16, 2003, identifies information deemed necessary to advise the Commissioner and CBP management of significant events and emerging issues. Section 7.1.12 of this directive requires the following Agriculture Inspection (AI) information to be reported to the Situation Room via a Significant Incident Report (SIR): "any positive identification of animal or plant diseases that may have serious agricultural and economic consequences in the United States and for which immediate action and notification is required."</p> <p>There are several additional significant AI incidents that do not meet Situation Room reporting criteria; however, these incidents must be reported to Headquarters OFO management. If any of the following AI incidents occur at a Port of Entry, the information must be reported, through the appropriate chain of command, to the Field Liaison Division in OFO Headquarters:</p> <ul style="list-style-type: none">▪ All cargo interceptions of highly significant pests and/or diseases, such as ralstonia, emerald ash borer, or Asian longhorn beetle.▪ All significant interceptions and/or violations associated with conveyances, such as Asian gypsy moth, Khapra beetle, or Africanized honey bees.▪ All significant CITES interceptions in passenger or cargo.▪ All CBP AI actions associated with smuggled commodities in cargo▪ Joint USDA and CBP actions resulting in significant pests in targeting or performance measurement operations.▪ Significant interceptions in passenger baggage and cargo, or exotic animals or unusual plant material or commodities.▪ Significant interceptions in commercial cargo of meat and meat by-products.▪ Unusual interceptions by CBP AI Canine teams	

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This listing is not all-inclusive. Management at the port and Field Operations Office level should exercise sound judgement to determine whether significant AI events not included on this list should be brought to the attention of OFO Headquarters management.

Significant AI incidents should be submitted electronically by the Field Operations Office to the Field Liaison Division in the attached bullet paper format. Please note that the Liaison Division distributes the bullet papers to the Assistant Commissioner, OFO; the Deputy Assistant Commissioner, OFO; and all HQ OFO Executive Directors. In addition, a summary of this information is provided to the Commissioner on a weekly basis; therefore, the information should be clear, concise, and written in a professional manner suitable for submission to the highest levels of CBP management.

Directors, Field Operations must ensure that this memorandum is disseminated to CBP managers and officers at all Ports of Entry. CBP Agriculture Specialists should be provided with a copy of CD 3340-025B, and given instructions for completion and submission of a SIR through the appropriate chain of command. Additionally, the attached bullet paper template should be provided to all CBP Officers and Field Operations Office personnel so that all significant CBP incidents (other than SIRs) can be submitted to the appropriate Liaison Officer within the Headquarters OFO Field Liaison Division in the attached bullet paper format.

Questions regarding the definition of significant AI incidents should be directed to Roger West, Special Assistant to the Executive Director, AIPP at (202) 927-3566. Questions regarding reporting procedures to the Field Liaison Division should be directed to Lynn Fallik, Director, Field Liaison Division, at (202) 927-3651.


Donna DeLaTorre

Attachment

**Bullets for the Assistant Commissioner
Office of Field Operations**

Chicago: New species of Harknessia Found in Chicago

- On December 15, 2003, a Chicago CBP officer made a significant and important interception.
- While inspecting cut flowers from the Netherlands in the Chicago United Airlines warehouse, CBP Officer Crow found *Harknessia sp.*
- This fungus was on chrysanthemum.
- The importance of this find is a new species of the genera *Harknessia*.
- The identification was made by Dr. John McKemy, USDA Plant Protection and Quarantine, Plant Pathologist/Mycologist.
- A disease on this type of flower, if not caught, and spread to commercial growers of chrysanthemum, could cease their moving of affected plants, to other states, and distribution to businesses, until the disease is eradicated.
- The carton of flowers was subsequently destroyed.

Prepared By: Lucinda A. Riley, AIPP, OFO

Date/Time: December 19, 2003 @1751 hours

SAMPLE

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Attachment 5

April 7, 2006

MEMORANDUM FOR: DIRECTORS, FIELD OPERATIONS

FROM: Assistant Commissioner
Office of Field Operations

SUBJECT: U.S. Customs and Border Protection Procedures for
Handling Bird Importations

The consequences of a foreign animal disease, specifically highly pathogenic avian influenza (HPAI) or exotic Newcastle disease, outbreak occurring in the United States would be devastating. An outbreak would affect the health and lives of animals, the quantity and quality of our nation's food supply, and the stability of our nation's international trade. This threat may now be more impending due to the rapid global spread of HPAI. Accordingly, the best principle for controlling the introduction of foreign animal diseases is exclusion. Exclusion is accomplished through trade restrictions, interdiction of prohibited agricultural products and smuggled birds, and sound biosecurity procedures when handling legal or illegal bird/animal importations.

The U.S. Customs and Border Protection (CBP), Office of Field Operations (OFO) encounters legal and illegal (smuggled) bird importations at our ports of entry. The Office of Border Patrol (OBP) and CBP Air and Marine (A&M) also encounter bird smuggling between the ports of entry and at checkpoints. In both instances, CBP field personnel must follow the proper protocol when handling and safeguarding the bird. The attached document outlines the procedures and responsibilities for CBP field personnel for handling legally and illegally imported pet birds arriving, live or dead, at ports of entry or interdicted between the ports of entry. This information is in addition to any prescribed statutory or regulatory requirements that must be observed.

All Directors, Field Operations (DFO's) are required to follow this policy and ensure that standard operating procedures for the handling of bird importations are in place. Additionally, DFO's need to ensure standard operating procedures between the OFO ports of entry and OBP/A&M are established to ensure that effective exclusion controls are instituted. These procedures must include but are not limited to pertinent points of contact, responsibilities, location/delivery of supplies, 24-hour notification protocol and safeguarding procedures.

These procedures for handling bird importations is designed to help protect our CBP employees, U.S. agriculture resources and the public from the devastating

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consequences of a foreign animal disease outbreak like HPAI. If you have any questions, please contact Mr. Jeff Grode, Executive Director, Agriculture Policy and Liaison at 202-344-3298.

/s/
Jayson P. Ahern

Attachment

cc: Chief, Office of Border Patrol
Assistant Commissioner, Office of CBP Air and Marine

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CBP Procedures for Handling Bird Importations

Purpose:

This memorandum outlines the procedures and responsibilities for U.S. Customs and Border Protection (CBP) field personnel for handling legally and illegally imported pet birds arriving, live or dead, at ports of entry or interdicted between the ports of entry. This information is in addition to any prescribed statutory or regulatory requirements that must be observed.

Background:

The responsibility for the administration of the regulations and policies for preventing the introduction of foreign animal diseases into the United States lies with the United States Department of Agriculture (USDA). More specifically, Veterinary Services (VS), part of the Animal and Plant Health Inspection Service (APHIS), is responsible for the regulations covering the importation of live animals (including pet birds, commercial birds, and hatching eggs), and for the import and quarantine policies for meat, poultry and other animal products and animal by-products. Plant Protection & Quarantine, Veterinary Regulatory Support is the liaison for operational issues concerning meat, poultry, animal products and animal by-products.

The consequences of a foreign animal disease (Highly pathogenic avian influenza, exotic Newcastle disease) outbreak occurring in the United States would be devastating. An outbreak would affect the health and lives of animals, the quantity and quality of our nation's food supply, and the stability of our nation's international trade. Consequently, the best principle for controlling the introduction of foreign animal diseases is exclusion. Exclusion prevents the transmission of diseases through the direct and indirect contact of an animal disease, contact with a vector, or contact with a fomite.

There are very specific requirements an importer must follow with regard to the legal importation of live birds. The importer is responsible for making the necessary arrangements for quarantine as well as obtaining the required documentation and certification. Some birds are also subject to U.S. Fish and Wildlife Services regulations. Veterinary Services is responsible for subsequent handling of the bird importation. The CBP Agriculture Specialist has been trained to address and respond to safeguarding concerns associated with bird importations, both legal and illegal. This includes appropriate cleaning and disinfection measures, as well as to ensure communication between the importer, CBP and the USDA representative.

Definitions:

Exotic Newcastle Disease (END): An acute, rapidly spreading viral disease of poultry. The disease is spread primarily through respiratory discharges and feces of infected birds; the disease can be spread when these excretions contaminate tools, boots, and clothing of people. Carcasses of birds being imported may spread a disease agent, as may raw garbage containing material from bird carcasses. END has accidentally been introduced into the United States on several occasions, and each outbreak was

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eradicated. The most serious outbreak occurred in 1971, which took three years to eradicate and was traced to the importation of infected pet birds. More recently, an outbreak occurred in Southern California, Nevada and Arizona that took over one year to eradicate.

Fomite: An inanimate object or substance that is capable of transmitting infectious organisms to an animal. Examples of fomites include footwear, equipment, clothing, birdcages, and straw.

Game Birds: Nonmigratory and migratory birds that are free-flying (not pen-raised) and are hunted for food, including ducks, geese, pigeons, doves, quail, pheasants, partridge, and grouse.

Highly Pathogenic Avian Influenza (HPAI) Subtype H5N1: Highly pathogenic avian influenza (HPAI) subtype H5N1 is an extremely infectious viral disease of poultry, including chickens, ducks, and turkeys. Migratory wildfowl and other wild birds are considered natural hosts for avian influenza viruses. The disease is spread by bird-to-bird contact through feces and aerosol droplets. These substances can contaminate equipment, vehicles, boots, and clothing that may then serve as a source of infection (see fomite). The virus is circulating widely among poultry in Asia and other regions. During an outbreak in poultry there is a risk to people who have contact with infected birds. Although HPAI subtype H5N1 virus infection in humans is **not** common, the virus has already crossed the species barrier and has caused severe disease with high mortality in humans.

Migratory Bird: Any wild, free-flying birds characterized by seasonal flight whatever its origin and whether or not raised in captivity. Migratory birds have been encountered as smuggled.

Pet Birds: Pet Birds are defined as those birds imported for personal pleasure of their individual owners and are not intended for resale. Normally, this category includes parrots, macaws and other psittacine birds. This is a broad category with the emphasis on, "imported for personal pleasure of their individual owners" and may include migratory birds. For the purpose of this policy, poultry (chickens, fighting cocks, ducks, etc.) or pet birds intended for resale encountered will be handled as pet birds. Pet birds have been encountered as smuggled.

Psittacosis: A disease, caused by the bacterium *Chlamydia psittaci*, transmissible to humans from association with an infected bird, or by inhaling dried droppings, secretions, or feather dust from an infected bird. In birds, the disease is usually mild and many infections may not be diagnosed; however, in humans, the disease can be severe with other complications involving the heart, liver, or brain. The symptoms in humans are variable, may often include fever, headache, muscle aches, chills, cough, and pneumonia. In severe cases, death may result.

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Safeguard: Preventive actions to mitigate and/or eliminate the risk of dissemination of foreign exotic animal diseases and pests. Preventive actions include proper handling, maintenance and disposal of the imported commodity posing the risk.

Vector: A carrier that transfers an infective agent from one host to another. A mechanical vector is one where the infective agent does not necessarily need the vector to maintain its life cycle. A biological vector serves as a host in which the infective agent must multiply before becoming infective. Example of vectors includes insects, ticks, and mites.

Procedures:

I. Handling Pet Bird Importations at the Port of Entry

Pet bird importations are encountered at the ports of entry, often times via smuggling (illegal importation). All ports of entry are required to document their standard operating procedures (SOP) for the handling of bird importations, referencing the appropriate USDA manuals. The SOP must include but is not limited to pertinent points of contact, responsibilities, location of supplies, 24-hour notification protocol, and safeguarding procedures.

A. CBP-Office of Field Operations (OFO) personnel are responsible for:

1. Notification to the servicing VS veterinarian of a bird's arrival.
2. Safeguarding the bird(s) until the servicing VS veterinarian arrives for inspection. Safeguarding will include (at a minimum):
 - a. Using appropriate barrier protection as directed in the CBP Hazard Awareness Notice #HA-01-2004 -- REQUIRED when the employee comes in direct contact with imported bird(s) from countries reported to have an HPAI subtype H5N1 outbreak OR when in direct contact with birds showing signs of clinical illness. VOLUNTARY when the employee comes in contact with imported bird(s) from countries not reported to have an outbreak and are not showing signs of clinical illness. The current barrier protection precautions include:
 - i. Respirator/mask.
 - ii. Disposable gloves (i.e., vinyl, rubber, or latex).
 - iii. Disposable apron.
 - iv. Goggles.
 - b. Avoiding direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).
 - c. Placing the bird, or having the bird placed by the importer, into the appropriate cage or carrier.

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- d. Ensuring the bird is placed in a room with good ventilation and at an appropriate temperature (65° to 75° F).
 - e. Providing adequate amount of bird feed (see item 5 below).
3. CBP-OFO will clean/disinfect any article or surface that came in contact with the bird and any article or surface contaminated with animal material, residue, feces, etc. Cleaning/disinfection will include:
- a. Selection of the appropriate disinfectant:
 - i. The appropriate percentage of Sodium Hypochlorite (bleach) solution (percentage depends upon the extent of contamination {heavy or moderate}, or if the disinfectant is used in the baggage and passenger area. NOTE: even in a diluted state, this bleach solution may fade/discolor fabric), or
 - ii. A 1.0% Virkon® solution (8 teaspoons {1.3 ounces} of Virkon® S to each gallon of water). NOTE: this mixed solution is stable generally for seven (7) days or when the pink color fades, whichever is shorter).
 - b. If there is visible contamination:
 - i. Sweep up or scrape off as much contaminant as possible.
 - ii. Place the contaminant into leak proof, double plastic bags, seal the bags securely and control the bags as restricted international garbage insuring proper destruction.
 - iii. Scrub the contaminated area with detergent (if the area is not effectively scrubbed first, then any disease agents embedded below the surface remain untouched and the disinfectant is not effective).
 - iv. Flush the scrubbed are with clean water.
 - v. Apply the disinfectant.
 - c. If there is no visible contamination, apply the disinfectant.
 - d. Disinfect your shoes upon exiting bird holding/staging area.
 - e. Hands should be washed thoroughly upon leaving the bird holding/staging area AND prior to eating, drinking, or smoking.
 - f. Discard the used disposable personal protective equipment as indicated in 3.b.ii.
4. Notifying the servicing VS personnel of CBP's current cage and carrier inventory.

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5. Maintaining a small amount of assorted varieties of bird feed that is available at most pet/grocery stores. Store the bird feed in a freezer to preserve the quality of the feed.
 6. Maintaining an adequate amount of cardboard cartons/boxes to transport the birds in cages or carriers (for OBP and A&M personnel).
 7. Providing VS-supplied cages or carriers to OBP and A&M personnel.
- B. USDA Veterinary Services personnel are responsible for:
1. Providing personnel to inspect the bird(s) and to transport it, if necessary, to a quarantine center.
 2. Providing a supply of cages and/or carriers that can accommodate both small and large birds.
 3. Providing CBP-OFO with special air filters to be placed over any holes in the carrier, cage, or cardboard cartons/box and secured in place with adhesive tape.
 4. Cleaning and disinfection of cages and carriers used to transport the bird(s).
 5. Returning cleaned/disinfected cages and carriers to the CBP-OFO port of entry.

II. Handling Pet Bird Importations Between the Ports of Entry:

Pet bird importations are also attempted between the ports of entry that are normally encountered by the Office of Border Patrol (OBP), and CBP Air and Marine (A&M). In these instances, CBP field personnel should follow the instructions listed below. Additionally, the development of an SOP between the CBP-OFO's port of entry contact and the OBP/A&M location(s) should be established to insure effective exclusion controls are instituted. The SOP should establish and delineate (at a minimum) the pertinent points of contact, responsibilities, location and types of supplies, 24-hour notification protocol, and comprehensive safeguarding procedures.

1. The OBP and A&M personnel will notify the nearest CBP-OFO port of entry contact when a bird is encountered and when/where the bird will be delivered to the designated drop-off point.
2. CBP-OFO at the port of entry will notify the VS veterinarian.
3. OBP and A&M personnel will safeguard the bird(s) through delivery of the birds to the port of entry CBP-OFO. Safeguarding will include (at a minimum):
 - a. Using appropriate barrier protection as directed in the CBP Hazard Awareness Notice #HA-01-2004. The current barrier protection precautions include:

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- i. Respirator/mask.
 - ii. Disposable gloves (i.e., vinyl, rubber, or latex).
 - iii. Disposable apron.
 - iv. Goggles.
- b. Avoiding direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).
 - c. Placing the bird in the appropriate cage or carrier.
 - d. Placing the cage or carrier into the transport box.
 - e. Sealing the transport box with adhesive tape.
- 4. CBP-OFO at the port of entry will clean/disinfect, as necessary, the transport vehicle (A&M personnel will follow the decontamination procedures in its SOP), any article or surface that came in contact with the bird, and any article or surface contaminated with animal material, residue, feces, etc. (See section I.A.3 above in Handling Pet Bird Importation at the Port of Entry).
 - 5. CBP-OFO at the port of entry will supply the OBP and A&M personnel with adequate numbers of cages or carriers to transport birds and adequate numbers of transport boxes fitted with special air filters.

III. Special Circumstances:

There are several special circumstances that require separate discussion. The first circumstance is the instance when a pet bird already is being safeguarded dies while awaiting transfer or while being transported to the servicing VS veterinarian. This could occur at the port of entry in the handling/storing area or during transport of the bird to the port of entry. The second circumstance involves instances when a dead bird(s) is encountered during the inspection process. This could occur in the passenger or trade environment at the ports of entry, or interdicted between the ports of entry. A deceased bird could be found: on the floor of a container; discarded in a railcar; in a concealed compartment in a POV at a BP checkpoint; wrapped inside tubes that are affixed to a smuggler's legs; concealed in a person's apparel or baggage; or encountered on the deck of a vessel.

- A. If the bird is dies while in the holding area or during transport:
 - 1. CBP-OFO personnel will notify, as necessary, the designated point of contact at the port of entry that the bird(s) is deceased.
 - 2. The point of contact at the port of entry will contact the servicing VS veterinarian for final disposition.

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3. CBP-OFO will safeguard the deceased bird(s) until the servicing VS veterinarian arrives OR until the servicing VS veterinarian has provided disposition instructions.
 4. Avoid direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).
 5. CBP-OFO will clean/disinfect, as necessary, the transport vehicle (A&M personnel will follow the decontamination procedures in its SOP), any article or surface that came in contact with the bird, and any article or surface contaminated with animal material, residue, feces, etc. (See section I.A.3 above in Handling Pet Bird Importation at the Port of Entry).
- B. If the bird is encountered as deceased:
1. At the port of entry in the passenger environment.
 - a. Use appropriate barrier protection when handling the deceased bird as directed in the CBP Hazard Awareness Notice #HA-01-2004. The current barrier protection precautions include:
 - i. Respirator/mask.
 - ii. Disposable gloves (i.e., vinyl, rubber, or latex).
 - iii. Disposable apron.
 - iv. Goggles.
 - b. Avoid direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).
 - c. Place the bird in leak proof, double plastic bags.
 - d. Seal the bags securely.
 - e. Control the bags as restricted international garbage.
 - f. CBP-OFO will clean/disinfect, as necessary, the transport vehicle (A&M personnel will follow the decontamination procedures in its SOP), any article or surface that came in contact with the bird, and any article or surface contaminated with animal material, residue, feces, etc. (See section I.A.3 above in Handling Pet Bird Importation at the Port of Entry).
 2. At the port of entry in the trade environment.
 - a. Take appropriate safeguarding action on the conveyance and/or commodity as appropriate.

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- b. Use appropriate barrier protection when handling the deceased bird as directed in the CBP Hazard Awareness Notice #HA-01-2004. The current barrier protection precautions include:
 - i. Respirator/mask.
 - ii. Disposable gloves (i.e., vinyl, rubber, or latex).
 - iii. Disposable apron.
 - iv. Goggles.
 - c. Avoid direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).
 - d. Place the bird in leak proof, double plastic bags.
 - e. Seal the bags securely.
 - f. Control the bags as restricted international garbage.
 - g. CBP-OFO will clean/disinfect or supervise the cleaning and disinfection, as appropriate, the conveyance, and any article or surface contaminated with animal material, residue, feces, etc. (See section I.A.3 above in Handling Pet Bird Importation at the Port of Entry).
3. At the port of entry on the deck of a vessel.
- a. Document the deceased bird(s) on the shipboarding form.
 - b. Instruct the Captain to dispose of the bird by placing the bird in leak proof, double plastic bags, sealing the bags securely, and controlling the bags as restricted international garbage.
 - c. Avoid direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).
4. Between the ports of entry.
- a. Use appropriate barrier protection when handling the deceased bird as directed in the CBP Hazard Awareness Notice #HA-01-2004. The current barrier protection precautions include:
 - i. Respirator/mask.
 - ii. Disposable gloves (i.e., vinyl, rubber, or latex).
 - iii. Disposable apron.
 - iv. Goggles.
 - b. Avoid direct personal UNPROTECTED contact with objects that may harbor a disease agent (i.e., cages and/or containers/receptacles used to transport the bird).

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- c. Place the bird in leak proof, double plastic bags.
- d. Seal the bags securely.
- e. Notify the port of entry point of contact to arrange for delivery of the bags.
- f. Deliver the bags to the port of entry.
- g. Control the bags as restricted international garbage.
- h. CBP-OFO will clean/disinfect or supervise the cleaning and disinfection, as appropriate, the conveyance, any article or surface that came in contact with the bird, and any article or surface contaminated with animal material, residue, feces, etc. (See section I.A.3 above in Handling Pet Bird Importation at the Port of Entry).

If there are additional questions regarding this procedure, please contact Mr. Kevin Harriger, Office of Field Operations, Agriculture Programs & Liaison on 202-344-1644.

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Attachment 6

DHS – HHS Memorandum of Understanding

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
THE DEPARTMENT OF HOMELAND SECURITY**

I. PURPOSE

The purpose of this Memorandum of Understanding (MOU) between the Department of Health and Human Services (HHS) and the Department of Homeland Security (DHS) (the “parties”) is to establish specific cooperation mechanisms as part of a broad framework for cooperation to enhance the Nation’s preparedness against the introduction, transmission, and spread of quarantinable and serious communicable diseases from foreign countries into the States, territories and possessions of the United States.

II. BACKGROUND

The HHS Secretary has statutory responsibility to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. The Centers for Disease Control and Prevention (CDC), a component of HHS, is responsible for preventing and controlling disease and promoting health and education activities designed to improve the health of the people of the United States. CDC has statutory authority to detain, isolate, quarantine, or conditionally release persons arriving into the United States reasonably believed to be infected with quarantinable diseases. Some of the activities CDC undertakes to meet its legal and regulatory responsibilities include: overseeing the screening of arriving international travelers for symptoms of illness that could be of public health significance; providing travelers with essential health information; performing inspections of carriers, maritime vessels and cargos for infectious disease threats; enforcing entry requirements for certain animals, etiologic agents, and vectors deemed to be of public health significance; and promulgating and implementing quarantine regulations.

DHS is responsible for preventing and protecting the Nation against terrorist attacks, major disasters, and other emergencies. Component agencies of DHS analyze threats and intelligence, secure the borders and the transportation system, protect the critical infrastructure, and plan the coordinated response. Three agencies within DHS, U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), and the United States Coast Guard (USCG), consistent with their legal authorities, are statutorily permitted, pursuant to 42 U.S.C. 268(b), to aid CDC “in

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the enforcement of quarantine rules and regulations.” They may also detain, pending a determination of inadmissibility, aliens arriving into the United States.

Collaboration under the auspices of this MOU will be carried out primarily between the following entities within HHS and DHS:

For HHS: CDC

For DHS: CBP
ICE
USCG

III. DEFINITIONS

The following definitions will govern this MOU:

“Communicable disease” means, unless otherwise defined in 42 C.F.R. Part 71, an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person or animal or a reservoir to a susceptible host, either directly or indirectly through an intermediate animal host, vector, or the inanimate environment.

“International traveler” means any international traveler, regardless of nationality or citizenship status including, but not limited to, returning residents, arriving immigrants, illegal immigrants, and citizens of the United States.

“Quarantinable disease” means any of the communicable diseases listed in an Executive Order of the President, as provided under section 361 of the Public Health Service Act (42 U.S.C. 264). The current list of quarantinable diseases as set forth in Executive Order 13295 of April 4, 2003, as amended, includes: cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, Severe Acute Respiratory Syndrome (“SARS”), and influenza caused by novel or reemerging influenza viruses that are causing, or have the potential to cause, a pandemic.

IV. AUTHORITY

Pursuant to 42 U.S.C. §§ 264-271, the Secretary of HHS may make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States, territories, or possessions, or from one State, territory, or possession into any other State, territory, or possession. Those regulations may provide for the apprehension, detention, or conditional release of individuals only for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in executive orders of the President (“quarantinable diseases”) upon the recommendation of HHS. The President has specified SARS and influenza viruses that cause or may cause a pandemic, among others, in the list of communicable diseases subject to HHS regulations regarding quarantine and

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inspection. See Executive Order 13295 (Apr. 4, 2003), as amended; 42 C.F.R. Parts 70 & 71.

CDC enters into this MOU under the authority provided by sections 361 and 365 of the Public Health Service Act (42 U.S.C. §§ 264 and 268).

DHS enters into this MOU under the authority of the Homeland Security Act of 2002, § 102(b)(2) (6 U.S.C. § 112(b)(2)).

CBP and ICE have the authority to carry out obligations set forth in this MOU pursuant to 42 U.S.C. § 268(b), and pursuant to their inherent authority relating to agreements necessary to perform their functions.

The USCG has the authority to carry out obligations set forth in this MOU pursuant to 14 U.S.C. §§ 141 and 147a, and 42 U.S.C. § 268(b).

Pursuant to the Aviation and Transportation Security Act, Pub.L.107-71 (Nov. 19, 2001), DHS has additional authorities to regulate the security of air and other transportation, and it is prepared to exercise those authorities to require necessary precautions and measures in the event of an H5N1 pandemic, including requiring the medical screening of international travelers prior to flights to the United States. At this time, HHS and CDC do not foresee a need to rely on these transportation security authorities with respect to an H5N1 influenza pandemic; they will notify DHS and agree on appropriate measures under these authorities in the event that circumstances change.

V. FORMS OF COOPERATION

The parties agree to cooperate in the following areas:

A. Information Sharing and Collection

The parties agree that the sharing of certain information may be useful in preventing the introduction, transmission, and spread of quarantinable and serious communicable diseases into the U.S. and within the U.S. As such, the parties, acting through their respective component agencies, agree to the following:

1. DHS/CBP

CBP will provide relevant information, if available and pursuant to paragraph A.4.a. of this article, to HHS/CDC from the following data sources for contact tracing purposes:

- a. CBP agrees to share information collected through CBP Form 6059B, "Customs Declaration;"

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- b. CBP agrees to share information collected through the Advance Passenger Information System (APIS) in response to a specific request by CDC, as permitted in 19 C.F.R. § 122.49a(e);
- c. CBP agrees to provide Passenger Name Record (PNR) data to HHS/CDC, in accordance with all applicable rules and conditions provided in the EU Undertakings (69 FR 41543)(which apply equally to PNR data derived from flights between the U.S. and Iceland) and the Swiss Undertakings, subject to the following requirements:
 - 1) that HHS/CDC submit all requests for data in writing, providing the purposes for making such a request;
 - 2) that HHS/CDC agrees that any data requests submitted to CBP will be necessary for the protection of the vital health interests of the data subject or of other persons, in regard to significant health risks;
 - 3) that every transfer of data under this paragraph will be treated by HHS/CDC as set forth in Appendix A of this MOU;
 - 4) Receipt of such data by HHS/CDC, along with the cover sheet of information provided in Appendix A of this MOU, constitutes acknowledgement and acceptance by HHS/CDC of the conditions of the transfer as outlined in Appendix A;
 - 5) that HHS/CDC agree that any further transfer of such data will only be to a state or local government authority directly involved in contact tracing associated with the incident ("relevant government authority") and will remain consistent with the purposes it outlined in its original request for the data from CBP;
 - 6) that HHS/CDC will provide a copy of Appendix A along with any data transferred to relevant government authorities and, as a means of documenting the acceptance of the conditions and requirements of the transfer to these relevant government authorities, HHS/CDC will obtain an acknowledgement from those parties that the subsequent transfer is also governed by all conditions contained in Appendix A;
 - 7) that HHS/CDC document any transfer of the data to a relevant government authority and provide that information, along with the corresponding acknowledgement, along with the information transferred, to CBP upon request; and
 - 8) that HHS/CDC and all relevant government authorities receiving PNR information will ensure the orderly disposal of such information consistent with their own applicable record retention procedures.
- d. CBP information shared with CDC may be subject to other restrictions that CDC will be required to observe, including the

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Privacy Act. With the exception of PNR as described in this MOU, such information may only be shared, without prior written consent of CBP, with necessary State and local government health related agencies for contact tracing purposes as long as the transfer remains in furtherance of, and related to, the original purpose for the transfer from CBP to HHS/CDC.

- e. Pursuant to consultations described in paragraph A.4.f. of this article, CBP will share with CDC additional data elements as agreed between the parties.

2. USCG

- a. USCG agrees to assist CDC by sharing its extensive network of maritime contacts;
- b. USCG agrees to issue Marine Safety Information Broadcasts (MSIB) that contain a list of questions that CDC requests be answered in connection with the required radio reports of illness from vessel masters;
- c. USCG agrees to question the master of all vessels it boards prior to entry into port to obtain the same information as required for an MSIB; and
- d. USCG agrees to immediately advise the cognizant quarantine station having jurisdiction over the relevant port regarding a positive response indicating the presence of a suspect ill person.

3. ICE

- a. ICE will provide CDC, in response to a specific request from CDC, with information, as permitted by law and other agreements;
- b. ICE information shared with CDC may be subject to the Privacy Act and is not to be shared further with any party, agency, or individual without the express, written consent of ICE (*i.e.*, subject to the Third Agency Rule); and
- c. ICE reserves the right to implement strict restrictions regarding the use, storage, protection, and dissemination of any information it may share.

4. HHS/CDC

- a. The decision to request passenger manifest information will be

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based on a determination by the CDC Director that identification and notification of passengers, crewmembers, or their contacts, potentially exposed to a serious communicable disease are reasonably necessary to prevent the introduction, transmission, or spread of disease from a foreign country into the United States or from one state or possession into another;

- b. CDC will share with DHS and/or its component agencies, on its own initiative or upon request:
 - (1) public health information concerning potential communicable disease threats;
 - (2) appropriate infection control practices; and
 - (3) safety measures for the protection of officers, employees, and contractors of DHS and its component agencies;
- c. CDC will protect all information it receives from DHS and/or its component agencies from dissemination and disclosure as requested by the owner agency, and in accordance with applicable laws and regulations;
- d. In carrying out its responsibilities described in this MOU, CDC may share information with DHS that may be subject to the Privacy Act, such as the names of international travelers,. Such information is not to be shared further with any party, agency, or individual without the express, written consent of CDC (*i.e.*, subject to the Third Agency Rule);
- e. It is understood by all parties that CDC, in fulfilling its role in facilitating the identification, evaluation, and treatment of persons exposed to communicable disease during travel, may disclose information obtained from DHS to health departments and other public health or cooperating medical authorities. Such disclosures are governed under CDC Privacy Act System Notice 09-20-0136, entitled Epidemiologic Studies and Surveillance of Disease Problems, which also outlines the policies and procedures that will be used by CDC to safeguard all protected information received from DHS, subject to the provisions of Article V, paragraph A(1) of this MOU; and
- f. HHS will provide to DHS a list of additional data elements HHS deems necessary to identify passengers who may be infected with a quarantinable or serious communicable disease, as well as to facilitate contact tracing in the United States. HHS will consult further with DHS to arrive at a mutually agreed-upon list of such data elements and to outline further steps as necessary to obtain

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such information expeditiously when either party believes there is a public health emergency.

B. Travelers' Health and Medical Surveillance

The parties agree to assist one another in informing the traveling public of potential disease threats, including assisting in the distribution and dissemination of CDC Travel Notices or Health Alert Notices if necessary and as resources permit.

In addition, DHS personnel will assist with passive and, as provided in paragraph 2 of this section, active surveillance for quarantinable or serious communicable diseases of public health significance among persons arriving in the U.S. from foreign countries. It is understood between the parties that DHS personnel may not have medical training and therefore are not expected to physically examine or diagnose illness among arriving travelers.

1. Passive surveillance by DHS personnel would generally consist of the recognition and reporting of overt visible signs of illness or information about possible illness provided to them in the course of their routine interactions with arriving passengers. Passive surveillance does not involve the eliciting of a medical history or performance of a medical examination.
2. In situations where a significant outbreak of a quarantinable disease is detected abroad, CDC may request that DHS personnel assist with active surveillance in order to prevent the spread of disease to the United States. Active surveillance by DHS personnel will be contingent on approval by the Secretary of DHS, or his delegee, of a formal request by the Secretary of HHS, or his delegee.
3. Active surveillance may consist of a number of methods to assess risk that individual passengers, arriving from affected countries or regions, are carrying a quarantinable disease. CDC will ensure that a quarantine officer or designated official with public health training will be on site at the port of entry to evaluate any individual identified through active surveillance.
4. CDC will consult with DHS on the scope and the nature of the surveillance method(s) used to ensure that impact on DHS procedures is minimized. With respect to active surveillance, CDC will further provide explicit guidance to DHS as to what response or combination of responses to surveillance questions or measures should prompt immediate communication with the quarantine officer or public health designee.

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C. Disease Reporting, Inspection, and Entry Requirements

CDC has statutory authority to require reporting of ill travelers, conduct certain public health inspections of carriers and cargo, and impose certain entry requirements for carriers and cargo that may pose a communicable disease threat. DHS will aid CDC in the enforcement of its statutory authority regarding quarantine rules and regulations pursuant to operational guidelines to be developed by mutual agreement of the parties. Such guidelines will include emergency measures to be taken when a carrier or vessel is determined, after leaving a foreign port, to be carrying a passenger or passengers with a quarantinable or serious communicable disease.

D. Quarantine Enforcement and Detention

As part of CDC's authority to prevent the introduction, transmission, and spread of communicable diseases into the United States, its possessions, and territories, CDC is authorized to isolate and/or quarantine arriving persons reasonably believed to be infected with or exposed to specified quarantinable diseases and to detain carriers and cargo infected with a communicable disease.

DHS has agreed to assist CDC in the execution and enforcement of these authorities, primarily in the enforcement of CDC-issued quarantine orders, and through collaboration with other Federal, State, and local law enforcement entities, as necessary. The manner in which CDC and DHS will coordinate detention efforts will be set forth in detail in operational guidelines agreed upon by the parties, including in specific operational guidelines agreed between CDC and DHS for pandemic H5N1 influenza.

E. Transportation

Once a determination has been made to quarantine an individual, appropriate means of transportation must be secured for movement from ports of entry or between the ports of entry to an appropriate facility for quarantine. DHS will assist CDC pursuant to operational guidelines as agreed upon by the parties, including in specific operational guidelines agreed between CDC and DHS for pandemic H5N1 influenza.

F. Employee Health and Worker Protection and Countermeasures

The parties agree that the safety and health of officers, agents, employees, and contractors of DHS and its component agencies during their participation in the various activities described in this MOU to assist CDC in the enforcement of quarantine rules and regulations is of primary importance. As such, the parties agree to the following:

1. DHS component agencies

- a. DHS component agencies will keep track of and notify CDC of all agency officers, employees, and/or contractors participating in the

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detention of, or otherwise have become exposed to, reportedly ill persons; and

- b. For each case in which personnel from DHS component agencies assist in a manner that causes potential exposure to a reportedly ill person, DHS component agencies will provide participating CDC personnel with supervisory contact names and telephone numbers so that CDC may advise them appropriately.

2. CDC

- a. CDC will provide DHS personnel assisting HHS pursuant to this MOU with training consistent with standard practices applicable to health care workers;
- b. Where CDC or other medical personnel are on hand to evaluate a potentially ill traveler, the medical personnel will also evaluate and provide appropriate treatment guidelines for DHS personnel who have been potentially exposed during the provision of assistance to that person or persons;
- c. With regard to each specific case where DHS component agency officers, employees, and/or contractors potentially have been exposed to a potentially ill person during their provision of assistance to that person, CDC will immediately advise appropriate DHS component agencies throughout the course of the investigation and after the final medical determination concerning the diagnosis of a particular communicable disease;
- d. CDC will provide recommendations to DHS regarding the appropriate immunizations required by any DHS personnel who may be potentially exposed to ill persons or quarantinable diseases;
- e. CDC will immediately advise DHS component agencies of specific and appropriate precautions and medical treatment that any potentially exposed officers, employees, and/or contractors of DHS and/or its component agencies should undertake;
- f. CDC will provide the training necessary to enable DHS staff to fulfill their obligations to assist with medical surveillance as described in this agreement. CDC will continue to contribute to the curriculum of the Customs and Border Protection Integrated Officers' Course, which provided to new staff at the Federal Law Enforcement Training Center in Glynco GA. In addition, follow-up, onsite training seminars will be conducted, at a minimum, at the major ports of

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entry or Border Patrol stations where CDC Quarantine Stations are located and can be arranged at other locations upon request by the CBP Port Director or CBP Border Patrol Sector Chief. Finally, CDC Quarantine Station staff, including the lead public health officer and Quarantine Medical Officer or their designee will be available by phone to respond to specific questions related to medical surveillance that may arise. CDC anticipates that the training curriculum and materials will undergo significant revision and refinement coincident with the Quarantine Station expansion and enhancement initiative currently underway. CDC will include DHS staff in this process so that staff training needs may be assessed and adequately addressed;

- g. CDC will provide to DHS guidelines on determining those personnel most likely to be affected in the event of a public health emergency;
- h. CDC and DHS will consult further on the appropriate allocation of countermeasures for personnel exposed or potentially exposed to quarantinable or serious communicable diseases in the event of a public health emergency; and
- i. CDC will promptly provide specific guidance on recommended measures to protect mass transit from the spread of pandemic influenza.

G. Prevention

- 1. DHS and HHS will consult further on potential means of containing quarantinable or serious communicable disease overseas. Such consultations shall include:
 - a. Discussions with the Department of State, as appropriate, to develop guidance on the circumstances under which the issuance of visas in an affected area may be restricted in the event of a public health emergency.
 - b. Development of guidelines and, as appropriate, authority to station officials overseas and to screen conveyances overseas for health reasons in order to prevent the spread of quarantinable and serious communicable diseases into the United States.
- 2. HHS commits to promptly amend its regulations defining diseases of public health significance rendering an alien inadmissible under U.S. immigration law to include quarantinable diseases.

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V. FUNDING

This MOU is not an obligation nor a commitment of funds, nor a basis for a transfer of funds, but rather a statement of understanding between the parties. Expenditures by each party are subject to its budgetary processes and to the availability of funds and resources pursuant to applicable laws, regulations, and policies.

VI. SETTLEMENT OF DISPUTES

Disagreements between the parties arising under or relating to this MOU will be resolved only by consultation between the parties and will not be referred to any State or Federal court, or to an international tribunal.

VII. POINTS OF CONTACT

The review, request for changes, and interpretation of the general provisions of this MOU will be coordinated through the senior point of contact designated below:

For CDC: Martin Cetron, Director
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention
Executive Park, Bldg. 57, 5th Floor, MS-E03
Atlanta, GA 30333
(404) 498-1600
mcetron@cdc.gov

For DHS: Office of the Chief Medical Officer
Department of Homeland Security

The parties will consult further as to the necessity of designating emergency or other points of contact in order to carry out particular operational duties described in this MOU or to be developed by the parties.

VIII. AMENDMENT, TERMINATION, ENTRY INTO FORCE, AND DURATION

- A. Except as otherwise provided, this MOU may be amended by the mutual written consent of the authorized representatives for DHS and HHS.
- B. Either party may unilaterally request renegotiation of this MOU. Such renegotiations shall commence not later than thirty (30) days after such request is made.
- C. This MOU may be terminated at any time upon the mutual written consent of the parties. In the event both parties consent to terminate this MOU, the parties will consult prior to the date of termination to ensure termination of the most economical and equitable terms.

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- D. Either party may terminate this MOU upon thirty (30) days written notification to the other party. Such notice will be the subject of immediate consultation by the parties to decide upon the appropriate course of action.
- E. This MOU will enter into effect upon signature of both parties and will remain in effect until terminated.

IX. EFFECT ON PROCEDURES AND LAWS

- 1. All assistance provided under this MOU must comply with applicable law, regulations, and agency policies.
- 2. In the event of a public health emergency, nothing in this agreement shall be construed so as to prohibit or restrict either party from taking necessary actions, either on its own, in conjunction with the other party, or in coordination with other agencies, to respond to the emergency.

X. NO PRIVATE RIGHT CREATED

This document is an internal Agreement between DHS and HHS, including their components, and does not create or confer any right or benefit on any other person or party, private or public. Nothing in this Agreement or its addenda is intended to restrict the authority of either signatory to act as provided by law or regulation, or to restrict any agency from enforcing any laws within its authority or jurisdiction.

None of the obligations undertaken in this Agreement are intended to conflict with or override any preexisting statutory or regulatory obligation of either Department, including each of their components. Where such a conflict exists, the Departments agree that the statutory, regulatory, or other requirement imposed by law will supersede the agreement term.

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XI. APPROVING SIGNATURES

The foregoing represents the understandings reached between the HHS and DHS upon the matters referred to therein.

FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

Michael O. Leavitt
Secretary, United States Department of
Health and Human Services

Date

FOR DEPARTMENT OF HOMELAND SECURITY

Michael Chertoff
Secretary, United States Department of
Homeland Security

Date

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Attachment 7

**SAMPLE DATA SHARING PROVISION TO ACCOMPANY TRANSMISSION OF
PASSENGER INFORMATION FROM DHS TO CDC**

[INSERT ADDRESSEE NAME & AGENCY]

[INSERT EXPLANATION REGARDING WHAT THE DATA IS AND WHY IT IS BEING
PROVIDED..."pursuant to your request received on (GIVE DATE OF REQUEST)"]

The information transferred to the receiver of this data is the **Property of U.S. Customs and Border Protection (CBP)**. It will be transferred to your agency for your **official use only** and remains the property of CBP.

CBP generally considers Passenger Name Record (PNR) information, which it accesses from an air carrier's reservation and departure control system, to be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552. The attached data may also be protected under the Privacy Act if the subject of the record is a U.S. citizen or lawful permanent resident. 5 U.S.C. § 552a. Furthermore, the Trade Secrets Act (18 U.S.C. § 1905) prohibits federal employees from disclosing protected information without authorization and imposes personal sanctions on employees who do so. However, CBP permits access to PNR information by other federal, state, local and foreign agencies, strictly for specific purposes, one of which is where such disclosure is necessary for the protection of the vital interests of the data subject or of other persons, particularly with regards to significant health risks.

The requested data will be provided to [INSERT AGENCY/DEPARTMENT NAME] for health-related contact tracing purposes involving any and all passenger(s) who are referenced in this data and/or may be affected by the incident/event specified in the above-mentioned request. Your agency represents that this disclosure is necessary for the protection of the vital interests of the data subject or another individual, particularly with regards to significant health risks. The data received pursuant to the execution of this document and the acceptance of these conditions cannot be used for any purpose that is inconsistent with said request. Your agency must ensure the orderly disposal of this information, consistent with your own record retention procedures. Any subsequent transfer of this information (or any portion thereof) by your agency to state and local "relevant government authorities" must be in furtherance of, and consistent with, the same purposes contained in the original request submitted to CBP by HHS/CDC.

FOR HHS/CDC:

Acceptance of the requested information from CBP constitutes your agency's acknowledgement of the requirements and conditions of the disclosure, as set forth in this cover page.

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Attachment 8

AIPP Guidelines on Joint Operations

Subject: Procedures for Special Operations
Author: SANDRA S FISHER
Date: 8/30/2005 4:03 PM

August 30, 2005

MEMORANDUM FOR: DIRECTORS, FIELD OPERATIONS

FROM: Executive Director, AIPP
Office of Field Operations

SUBJECT: Procedures for Special Operations
Tracking Number:
AIPP-05-2022

This Office is providing the national protocol that the Office of Field Operations will use for Measurement Driven and other Special Operations concerning the agricultural mission within CBP. This will provide national standards for how joint Special Operations with USDA are proposed and vetted through CBP local and headquarters management.

USDA APHIS Smuggling Interdiction and Trade Compliance (SITC) make interceptions of prohibited or restricted agricultural import commodities in the wholesale and retail markets. SITC may propose local port special operations based on these interceptions and information that trace back to specific ports of entry. The attached protocol will provide a mechanism for CBP and USDA to propose and vet joint special operations. If you have any questions about this protocol, please call Roger West at 202-344-3566.

/s/
Jeffrey Grode

Attachment

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Procedures For Special Operations

Issue: This is the National protocol to standardize how Measurement Driven and other Special Operations for Agricultural products are vetted through CBP for approval.

Background: USDA APHIS Smuggling Interdiction and Trade Compliance (SITC), is involved with efforts to prevent unlawful entry, introduction and distribution of prohibited agricultural commodities and products that may harbor harmful exotic plant and animal pests, disease, or invasive species. Interceptions of prohibited or restricted agricultural products by SITC outside the ports of entry often require initiation of special operations to determine how, when and if, those products are entering through ports of entry. In addition to SITC derived initiatives, special operations may also be the result of CBP, CBP/SITC, and other sources such as Joint Port Risk Committees.

A joint communiqué between USDA and CBP has directed and encouraged that Joint Agency Measurement Driven Special Operations (JAMDSO) be continued and encouraged. Measurement Driven Special Operations (MDSO): operations that have an anticipated/predetermined outcome based on specific historical data, Intel, etc.

A National protocol is required to standardize how Special Operations are proposed and vetted through local CBP management and Headquarters. Utilizing a protocol is important so that all entities at every level of management are fully informed and given an opportunity to assess local impact, and available resources.

CBP Headquarters Operations Protocol:

1. Measurement Driven Special Operation (MDSO) Meets CBP criteria for Measurement Driven Special Operation. MDSO operations are operations that are based on previously acquired data or intelligence, which can be measured against a predetermined baseline. CBP will reformat the plan as a JAMDSO, which will utilize resources of both CBP and USDA. JAMDSO operations are forwarded to the A/C, OFO, for endorsement.

• JAMDSO Plans will be forwarded to the Assistant Commissioner for endorsement. Notification of endorsed plans will be forwarded to SITC Program Headquarters and affected Field Office(s) for implementation.

1. Port of Entry Special Operation (POESO) Does not meet criteria for MDSO, but has merit as a proposed CBP/SITC Operation.

• POESO Plans will be endorsed or denied by CBP Headquarters and returned to SITC Headquarters and/or appropriate CBP Field Office. Plan(s) that have been endorsed

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will be forwarded to affected Field Office and Port for review. The Field Office/Port will determine whether sufficient resources are available to implement plan(s) endorsed by Headquarters.

Protocols:

SITC Special Operations Proposals:

- SITC supervisor(s) having jurisdiction over impacted POE is to contact the ADFO of trade within the DFO office to discuss a proposed special operation. Contact can be made in person or telephonically.
- The DFO office will designate a point of contact that will work with SITC to develop a proposed work plan. The work plan will be submitted to the ADFO for review.
- Copies of the completed operational plan are distributed to the Port Director of impacted port, and USDA/SITC management.
- The DFO Office forwards the endorsed and completed Operation Plan to CBP/AIPP Headquarters for review.
- Plans received by AIPP should be received at least two weeks prior to the plans implementation date.

CBP, CBP/SITC, Special Proposals:

- Special Operation Plans must include: Operation Name, Background, Purpose, Justification, Operational Specifics, Resources, Duration, and Close-Out Date.
- As either CBP, or joint CBP/SITC local initiatives, it is expected that these initiatives have the endorsement of local CBP management.
- Completed Operation Plan is forwarded to CBP Headquarters for approval. Plans jointly initiated by SITC and CBP, or Pest Risk committees, are also forwarded to appropriate USDA Headquarters for approval.

Field Office Protocol:

- Field Offices will receive Operation Plans from CBP Headquarters as either a JAMDSO, or simply a POESO. JAMDSO plans will have the endorsement of the Assistant Commissioner and are to be implemented as specified in the plan. POESO Plans, having Headquarters endorsement, will require the approval of the impacted Port and Field Offices.
- Field Offices will work with appropriate local port staffs to implement the Special Operation Plan.

CBP OFO Requirements:

A full report is required within 30 days of the completion of operation. It must include recommendations, an assessment of the special operation, what was found and the need to change inspection technique.

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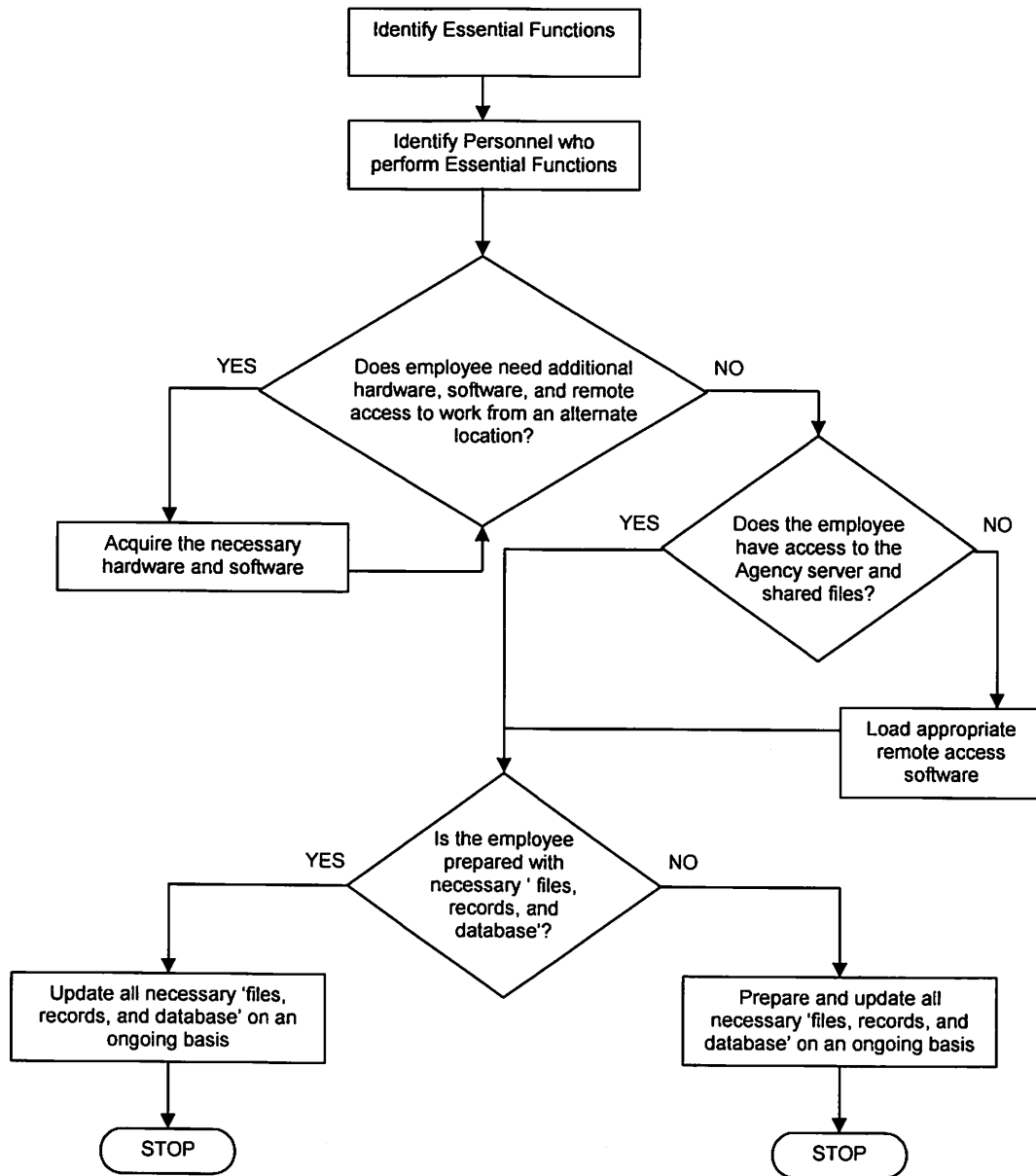
Attachment 9**Top 100 Ports of Entry**

NO	Type	Name	Location
1	Preclearance - Air	Reina Beatrix INT'L Airport - Preclearance	Oranjestad, AW
2	Preclearance - Air	Bermuda Air Terminal	St. Georges, BM
3	Preclearance - Air	Grand Bahamas INT'L Airport	Freeport, BS
4	Preclearance - Air	Nassau INT'L Airport	Nassau, BS
5	Preclearance - Air - FIS	Calgary INT'L Airport	Calgary, AB, CA
6	Preclearance - Air - FIS	Edmonton INT'L Airport	Edmonton, AB, CA
7	Preclearance - Air - FIS	Vancouver INT'L Airport	Vancouver, BC, CA
8	Preclearance - Air - FIS	Winnipeg INT'L Airport	Winnipeg, MB, CA
9	Preclearance - Air - FIS	Halifax INT'L Airport	Enfield, NS, CA
10	Preclearance - Air -FIS	Pearson INT'L Airport	Mississauga, ON, CA
11	Preclearance - AIR -FIS	Ottawa MacDonald-Cartier INT'L Airport	Ottawa ON, CA
12	Preclearance - Air - FIS	Montreal Airport	Dorval, QB, CA
13	Airport - FIS	Dublin INT'L Airport	Dublin, IE
14	Airport - FIS	Shannon INT'L Airport	Shannon, IE
15	Airport - FIS	Los Angeles INT'L	Los Angeles, CA
16	Airport - FIS	San Francisco INT'L Airport	San Francisco, CA
17	Airport - FIS	Miami INT'L Airport	Miami, FL
18	Airport - FIS	Hartsfield-Atlanta INT'L Airport	Atlanta, GA
19	Airport - FIS	Honolulu INT'L Arrivals	Honolulu, HI
20	Airport - FIS	Chicago O'Hare INT'L Airport	Chicago, IL
21	Airport - FIS	Detroit Metropolitan Airport	Detroit, MI
22	Airport - FIS	Newark INT'L Airport	Newark, NJ
23-			
27	Airport - FIS	JFK International Airport	Jamaica, NY
28	Airport - FIS	Dallas-FT Worth INT'L Airport	Dallas, TX
29	Airport - FIS	Houston Intercontinental Airport	Houston, TX
30	Airport - FIS	Dulles INT'L Airport	Dulles, VA
31	Airport - FIS	Seattle-Tacoma INT'L Airport	Seattle, WA
32	POE - Land	Alcan	Tok, AK
33	POE - Land	DeConcini Crossing	Nogales, AZ
34	POE - Land	Mariposa	Nogales, AZ
35	POE - Land	Calexico East	Calexico, CA
36	POE - Land	Calexico West	Calexico, CA
37	POE - Land	Otay Mesa	Otay Mesa, CA
38	POE - Land	San Ysidro	San Ysidro, CA
39	POE - Land	Windsor Tunnel	Detroit, MI
40	POE - Land	Ambassador Bridge	Detroit, MI
41	POE - Land	Port Huron/Blue Water Bridge	Port Huron, MI
42	POE - Land	Peace Bridge	Buffalo, NY
43	POE - Land	International	INT'L Falls, MN
44	POE - Land	Rainbow Bridge	Niagara Falls, NY
45	POE - Land	Whirlpool Rapids Bridge	Niagara Falls, NY
46	POE - Land	Lewiston Bridge	Lewiston, NY
47	POE - Land	B&M INT'L Bridge- Brownsville	Brownsville, TX
48	POE - Land	INT'L Gateway Bridge - Brownsville	Brownsville, TX

NO	Type	Name	Location
49	POE - Land	Los Indios	Los Indios, TX
50	POE - Land	Veterans Bridge, Los Tomates	Brownsville, TX
51	POE - Land	Bridge of Americas, El Paso	El Paso, TX
52	POE - Land	PDN Bridge, El paso	El Paso, TX
53	POE - Land	Stanton Street, El Paso	El Paso, TX
54	POE - Land	Ysleta	El Paso, TX
55	POE - Land	Hidalgo	Hidalgo, TX
56	POE - Land	Laredo, Bridge 1 and 2	Laredo, TX
57	POE - Land	Columbia, Bridge 3	Laredo, TX
58	POE - Land	Laredo, Bridge, World Trade, Bridge 4	Laredo, TX
59	POE - Land	Pharr	Pharr, TX
60	POE - Land	Peace Arch, Blaine	Blaine, WA
61	POE - Land	PAC Highway, Blaine	Blaine, WA
62	POE, Seaport	Long Beach Seaport, Cruise Terminal	Long Beach, CA
63	POE, Seaport	Miami Cruise Terminal	Miami, FL
64	CES	N River Cruise Ship Terminal	New York, NY
65	CES	Red Hook Marine Terminal	Brooklyn, NY
66	POE - Seaport	Houston	Houston, TX
67	Naval Air Station	Naval Air Station	Norfolk, VA
68	Seaport	Blyden Marine Terminal	St Thomas, VI
69	Seaport	Seaport St Thomas	ST Thomas, VI
70	POE - Seaport	Pier 69	Seattle, WA
71	Airport - FIS	Sky Harbor INT'L Airport	Phoenix, AZ
72	Airport -FIS	Denver INT'L Airport	Denver, CO
73	Airport -FIS	Orlando/Sanford INT'L Airport	Orlando, FL
74	Airport -FIS	Guam INT'L Airport	Tamuning, GU, US
75	Airport -FIS	Logan INT'L Airport	Boston, MA
76	Airport -FIS	Baltimore Washington INT'L Airport	Baltimore, MD
77	Airport -FIS	Bangor INT'L	Bangor, ME
78	Airport -FIS	Philadelphia INT'L Airport	Philadelphia, PA
79	Airport -FIS	Luis Munoz Martin INT'L Airport	Carolina, PR
80	Airport	Henry E Rohlson Airport	ST Croix, VI
81	Airport	Cyril E King INT'L Airport	ST Thomas, VI
82	POE - Land	Douglas	Douglas, AZ
83	POE - Land	San Luis	San Luis, AZ
84	POE - Land	Calais Ferry Point	Calais, ME
85	POE - Land	Houlton	Houlton, ME
86	POE - Land	Sault ST Marie INT'L Bridge	Sault ST Marie, MI
87	POE - Land	Sweetgrass	Sweetgrass, MT
88	POE - Land	Pembina	Pembina, ND
89	POE - Land	Champlain	Champlain, NY
90	POE - Land	Rousses Point	Rousses Point, NY
91	POE - Land	Derby Line	Derby Line, VT
92	POE - Land	Highgate Springs	Swanton, VT
93	POE - Land	Oroville	Oroville, WA
94	POE - Land	Sumas	Sumas, WA
95	POE - Land	Presidio	Presidio, TX
96	POE - Land	Eagle Pass	Eagle Pass, TX
97	Seaport	Juneau	Juneau, AK
98	Seaport	Jacksonville	Jacksonville, FL
99	Seaport	Ocean Terminal	Savannah, GA
100	Seaport	Erato Street Cruise Terminal	New Orleans, LA

Attachment 10

Telework Readiness Assessment Flowchart



Attachment 11

Glossary of Terms

Term/Acronym	Meaning
ATS	Automated Targeting System
Avian Influenza	Avian influenza is an infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds and can be spread to humans by contact with infected birds, carcasses or waste materials. Human to human transmission is not known to occur but may develop through mutation of the virus.
APHIS	(USDA) Animal and Plant Health Inspection Service.
APIS	Advance Passenger Information System
CBP	Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CDC Quarantine Officer	CDC representatives, known as Public Health Officers @ Passenger Inspection Facilities who quarantine passengers and/or employees who are high risk for communicable disease.
Compliance (Agreements)	Cooperation or obedience: <i>Compliance with the law is expected of all.</i>
DFO	Director of Field Operations
DHS	Department of Homeland Security
Disinfect (ion)	To cleanse of infection
Examination	The referral part of the inspection that takes place after a passenger (at primary) and/or cargo (upon arrival) has been screened. Also refers to secondary/intensive inspections of passengers or cargo.
FAS	Field Analyst Specialist
FORM 3171	Application-Permit-Special License Unlading-Lading etc.
HHS	Health and Human Services
Interdict	To forbid; prohibit.
HPAI	Highly Pathogenic Avian Influenza
H5N1	Highly pathogenic form of Avian Influenza
HQ	Headquarters
HSOC	Homeland Security Operations Center
ICE	Immigration and Customs Enforcement
Infected countries	Countries that have H5N1 present in their avian populations
MAC	Manual for Agriculture Clearance
MOA/MOU	Memorandum of Understanding/Memorandum of Agreement
MRT	Mobile Response Team. Teams of CBP employees trained and ready to deploy to incidents and hot spots on short notice.
NTC	National Targeting Center
OSH	Office of Safety and Health

Pandemic	An epidemic that is geographically widespread; occurring throughout a region or even throughout the world.
PAU	Passenger Analysis Unit
PAO	Public Affairs Officer
PERT	Passenger Enforcement Rover Team
PNR	Passenger Name Record
POC	Point of Contact
PPQ	(USDA – APHIS) Plant Protection and Quarantine
SAIR	Significant Agriculture Incident Report
Screening	Using questioning and observational techniques to refer passengers for examination.
SIR	Significant Incident Report
SITC	Smuggling Interdiction and Trade Compliance
Sit Room	Situation Room Report
SME	Subject Matter Expert
SSXM	ACS examination results input screen
Targeting	The advance selection of passengers and/or cargo for examination.
TECS	Treasury Enforcement Communication System
TSA	Transportation Security Administration
IOIL	Inspection Operations Incident Log
USCG	U. S. Coast Guard
USDA	U. S. Department of Agriculture
VMO	USDA Veterinary Medical Officer
VS	USDA Veterinary Services