

(b) (7)(E)



**U.S. Customs and
Border Protection**

JAN 16 2020

MEMORANDUM FOR: Division Chiefs
Headquarters Staff
Patrol Agents in Charge
Deputy Patrol Agents in Charge
Del Rio Sector

FROM: Raul Ortíz **(b) (6), (b) (7)(C)**
Chief Patrol Agent
Del Rio Sector

SUBJECT: Enhanced Medical Efforts Directive

The attached memorandum *Enhanced Medical Efforts Directive* from Chief Carla L. Provost dated January 14, 2020, supersedes CBP Directive 2210-003, CBP Interim Enhanced Medical Efforts dated January 28, 2019 issued by the U.S. Customs and Border Protection (CBP) commissioner.

The new implementation plan will be issued within 90 days. However, there are two sections that should be addressed immediately: the CBP 2500 Interview Questionnaire and the Medical Assessment, which are outlined in the attachment.

If you have any questions, please contact Assistant Chief Patrol Agent **(b) (6), (b) (7)(C)** at **(b) (6), (b) (7)(C)**

Attachments

(b) (7)(E)



**U.S. Customs and
Border Protection**

JAN 14 2020

MEMORANDUM FOR: All Chief Patrol Agents
All Directorate Chiefs (b) (6), (b) (7)(C)

FROM: Carla L. Provost (b) (6), (b) (7)(C)
Chief
U.S. Border Patrol

SUBJECT: Enhanced Medical Efforts Directive

This enhanced directive supersedes CBP Directive 2210-003, *CBP Interim Enhanced Medical Efforts* dated January 28, 2019 issued by the U.S. Customs and Border Protection (CBP) commissioner. Sectors along the Southwest Border implemented the terms of the January 2019 directive with a combination of medical staff contractors, medical staff from the Department of Defense, U.S. Coast Guard, Health and Human Services and, in many cases, emergency medical technicians and paramedic certified Border Patrol Agents (BPAs). Since that time, U.S. Border Patrol (USBP) has significantly expanded the medical services contract to relieve those organizations from the deployments and create component established long-term solutions.

Those experiences allowed organizational parameters, efficiencies, and practices to be identified and further clarified. The results were incorporated into developing this finalized *Enhanced Medical Support Efforts* directive, signed by Acting CBP Commissioner Mark A. Morgan on December 30, 2019. This new directive replaces the aforementioned version.

USBP will issue the implementation plan to this directive within 90 days. This plan will provide more specificity and direction. However, there are two sections that should be addressed immediately: The CBP 2500 Interview Questionnaire and the Medical Assessment.

In accordance with the previous directive, CBP developed and published CBP Form 2500, *Alien Initial Health Interview Questionnaire*. Form 2500 must be completed on any individual in custody under the age of 18. The 2500 form will replace any other form used by BPAs to conduct initial health interviews of individuals in custody. The form is designed so that any agent can conduct the interview, regardless of medical certification.

The form is available in e3 processing, the system of record, and any use of the physical form to collect information must be entered into e3 at the earliest reasonable time. Going forward, this practice will standardize collecting and reporting health interviews. The form is divided into sections and a positive response to any of questions 7 to 13 will trigger a medical assessment. The medical assessment must be conducted for any individuals in custody under the age of 13 along the Southwest Border, regardless of how that person (or guardian if very young) answers the Form 2500. In all other locations (Northern Border/coastal) and for all other ages (13 and

Enhanced Medical Efforts Directive

Page 2

above), only a positive response to any questions between 7 to 13 would initiate the requirement to provide an assessment of that individual.

This practice provides the greatest safety provisions for the most at risk individuals, while acknowledging that USBP cannot conduct rote medical assessments on teenagers and adults absent an observed or reported health concern.

Staff may direct any questions regarding this matter to Assistant Chief (b) (6), (b) (7)(C) Law Enforcement Operations Directorate, USBP Headquarters at (b) (6), (b) (7)(C)

Attachment

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

CBP DIRECTIVE NO. 2210-004

DATE: December 30, 2019

ORIGINATING OFFICE: Office
of the Commissioner

SUPERSEDES: 2210-003

DATE: December 30, 2019

Enhanced Medical Support Efforts

1. **PURPOSE.** This directive directs U.S. Customs and Border Protection's (CBP) deployment of enhanced medical support efforts to mitigate risk to, and sustain enhanced medical efforts for persons in CBP custody along the Southwest Border (SWB). This Directive shall be executed in compliance with all applicable statutes, regulations, and U.S. Department of Homeland Security (DHS) policies regarding medical support for those in CBP custody. This Directive replaces the *CBP Interim Enhanced Medical Efforts Directive* signed on January 28, 2019.
2. **SCOPE.** This Directive applies to the provision of enhanced medical support for individuals in CBP custody along the SWB. This Directive applies to CBP steady-state and surge operations and includes crisis-level operations as delineated in the "Responsibilities" section. In the event of major surge/crisis-level operations, additional approaches and interagency resources and support will be required and pursued. This Directive supplements all existing local policies and CBP's national policies and directives administering medical support to individuals in CBP's custody, including the 2015 National Standards on Transport, Escort, Detention, and Search (TEDS); Secure Detention Directive, Directive No. 3340-030B, August 8, 2008; and the United States Border Patrol, Medical Program (2010).
3. **POLICY.** It is the policy of CBP that all individuals in custody will receive appropriate medical support in accordance with applicable authorities, regulations, standards, and policies. Consistent with short-term detention standards and applicable legal authorities, individuals will not be detained in CBP facilities for the sole purpose of completing non-emergency medical tasks. Specific implementation details of this Directive shall be determined by the operational components, as identified in the "Procedures" section below.
4. **AUTHORITIES.**
 - 4.1 6 U.S.C. § 321e(c)(3)-(5)
 - 4.2 Delegation of Authority to the Commissioner of U.S. Customs and Border Protection,

DHS Delegation 7010.3 (May 11, 2006).¹

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

5. DEFINITIONS.

- 5.1 CBP Emergency Medical Services (EMS) Personnel – An employee of CBP who is an Emergency Medical Technician (EMT) or Paramedic, who has received certification from the National Registry of Emergency Medical Technicians, and who has completed the DHS EMS provider credentialing process with their CBP component office.
- 5.2 Health Care Provider – A medically credentialed person who delivers authorized health care in a systematic way to individuals or groups in need of health care services, including any employees assigned to provide professional or para-professional healthcare services as part of their DHS duties. This also applies to authorized individuals from other federal agencies (including detailees) and contractors whenever the purpose of the detail/contract includes performance of healthcare services.
- 5.3 Health Interview – The standardized medical questionnaire (CBP Form 2500) for individuals in CBP custody, completed by CBP employees, Federal, State, or Local government employees assigned to work with CBP, or contracted medical personnel.
- 5.4 Medical Assessment – An evaluation of an individual to assess medical status, conducted by a health care provider.
- 5.5 Personally Identifiable Information (PII) – Any information that permits the identity of an individual to be directly or indirectly inferred, including any other information that is linked or linkable to that individual regardless of whether the individual is a United States citizen, legal permanent resident, or a visitor to the United States.
- 5.6 Sensitive PII, including medical information, is PII which, if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual.

6. RESPONSIBILITIES.

- 6.1 The Chief of the U.S. Border Patrol (USBP) and the Executive Assistant Commissioner of the Office of Field Operations (OFO), or their designees will:
- 6.1.1 Ensure execution of the provisions detailed in the “Procedures” section.
- 6.1.2 Coordinate with the relevant CBP supporting offices to ensure that all contractual needs for implementation of this Directive are met, contingent upon the availability of appropriations and budgetary resources, including those to support

¹ <http://dhsconnect.dhs.gov/Policy/delegations>

automated systems requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

- 6.3.2 Consult with DHS Office of the Chief Human Capital Officer (OCHCO) and DHS Chief Medical Officer (CMO) to ensure the CBP Medical Quality Management (MQM) process is consistent with DHS MQM requirements.
- 6.3.3 Consult with DHS CMO to ensure CBP medical support efforts are coordinated with relevant stakeholders and include consideration of medical program administration, disease reporting, public health measures, and electronic medical data management.
- 6.4 CBP Office of Accountability
- 6.4.1 The Management Inspections Division, working with the impacted program offices, will develop a method to ensure compliance with this directive.
- 6.4.2 CBP Juvenile Coordinator will work with the CBP CMO to incorporate review of CBP medical support efforts into ongoing compliance monitoring efforts related to the care and custody of juveniles.
- 6.5 CBP Office of Finance will:
- 6.5.1 Ensure appropriate CBP budgetary action, based on inputs from USBP and OFO, regarding funding requirements for CBP medical support efforts required by this directive.
7. **PROCEDURES.**
- 7.1 CBP will utilize a phased approach to the identification of potential medical issues in persons in custody.
- 7.2 For the first phase, USBP agents and OFO officers will observe and identify potential medical issues for all persons in custody upon initial encounter.
- 7.2.1 Persons brought in to custody will be advised to alert CBP personnel or medical personnel of medical issues of concern
- 7.2.2 Persons identified with medical issues of concern will receive a health interview or medical assessment or be referred to the local health system for evaluation
- 7.3 For the second phase, USBP and OFO must ensure that a health interview is conducted on, at a minimum, all individuals in custody under the age of 18, utilizing CBP Form 2500.
- 7.4 For the third phase, subject to availability of resources and operational requirements, USBP and OFO will ensure a medical assessment is conducted on, at a minimum, the following categories of detainees:
- All tender-age children (ages 12 and under) held in CBP custody along the

following categories of detainees:

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

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

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

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

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

8. IMPLEMENTATION REQUIREMENTS

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

9. **NO PRIVATE RIGHT CREATED.** This document is for internal CBP use only and does not create or confer any rights, privileges, or benefits for any person or entity.

10. APPROVAL.

(b) (6), (b) (7)(C)

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

Date Received:

1/14/20

Tracking #: 20-908

FROM	Name:	(b) (6), (b) (7)(C)	
	Subject:	ENHANCED MEDICAL EFFORTS DIRECTIVE	Employee Name:
COMMENTS FROM ORIGINATOR			

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|-------------|---------------|-------------------|----------------------|----------------------|
| 1. APPROVAL | 4. COMMENT | 7. RETURN | 10. PER CONVERSATION | 13. DISTRO/SCAN/FILE |
| 2. ACTION | 5. COORDINATE | 8. FOR DISCUSSION | 11. SEE REMARKS | 14. ROUTE |
| 3. REVIEW | 6. CORRECT | 9. INFORMATION | 12. CONCURRENCE | 15. SIGNATURE |

For Review	Initial	Date	Comments
Writer/Editor	(b) (6)	1/14/2020	Memo reviewed & edited
LER			
OCC			
Logistics			

TO	Destination	Action Code	Initials	Completed Date	TO	Destination	Action Code	Initials	Completed Date
1	Policy & Compliance	14	(b) (6), (b) (7)(C)	1/14/20	9				
2	Policy & Compliance Branch Chief	3,4	(b) (6), (b) (7)(C)	1/14	10				
3	Policy & Compliance Director	3,4	(b) (6), (b) (7)(C)	1/14	11				
4	Executive Officer LE Ops	3,4	(b) (6), (b) (7)(C)	1/16/20	12				
5	ACPA - Prosecutions	3,4	(b) (6), (b) (7)(C)	1/16/20	13				
6	Division Chief - Ops Programs	3,4	(b) (6), (b) (7)(C)	1/16/20	14				
7	Deputy Chief Patrol Agent	3,1	(b) (6), (b) (7)(C)	1/16/20	15				
8	Policy & Compliance	13	(b) (6), (b) (7)(C)	1/16	16				

* If you would like another staff member to review please add their title or name above and the action you would like them to take.

Distro To: DCS | HQ Staff | PAICs | DPAICs
Closed: 1/16/20

(b) (6), (b) (7)(C)

From:

(b) (6), (b) (7)(C)

Sent:

Thursday, January 16, 2020 2:49 PM

To:

DRT-PAICS; DRT-DPAICS; (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Cc:

(b) (6), (b) (7)(C)

Subject:

Enhanced Medical Efforts Directive

Attachments:

20-908 - Enhanced Medical Efforts Directive 01142020.pdf

The attached memorandum *Enhanced Medical Efforts Directive* from Chief Carla L. Provost dated January 14, 2020, supersedes CBP Directive 2210-003, CBP Interim Enhanced Medical Efforts dated January 28, 2019 issued by the U.S. Customs and Border Protection (CBP) commissioner.

If you have any questions, please contact Assistant Chief Patrol Agent (b) (6), (b) (7)(C) at (b) (6), (b) (7)(C)

Thank you,

(b) (6), (b) (7)(C)

MSS/Staff Assistant – CPA/DCPA

Del Rio Sector

(b) (6), (b) (7)(C) (Office)
(b) (6), (b) (7)(C) (Fax)

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(b) (7)(E)



**U.S. Customs and
Border Protection**

OCT 08 2013

MEMORANDUM FOR: All Chief Patrol Agents
All Division Offices (b) (6), (b) (7)(C)

FROM: Michael J. Fisher
Chief
U.S. Border Patrol

SUBJECT: Use of the Updated e3 Detention Module

Effective immediately, all Chief Patrol Agents will ensure that the updated e3DM is used to the fullest extent to capture the custodial actions and transportation for all detainees. This memorandum supersedes the previous memorandums regarding the e3DM and e3JDM.

The updated e3DM combines the Juvenile Detention Module and the Detention Module capturing both juvenile and other detainee transfer requirements. On April 24, 2012, the use of e3 Juvenile Detention Module (e3JDM) was made mandatory for all custodial actions regarding juveniles. On October 1, 2012, the use of the e3 Detention Module (e3DM) by all field elements was made mandatory for all U.S. Border Patrol detainee transfers. Field elements were required to record notifications to the Field Office Juvenile Coordinator (FOJC), notifications to consulate offices, periodic welfare checks, feedings, etc. This is in conformity with CBP legal and procedural reporting requirements for juveniles. Additional action fields have now been created in e3DM that allow for the capture of custodial actions of all detainees while in U.S. Border Patrol custody. All custodial actions, notifications, and transports that pertain to a detainee must now be accurately captured using e3DM for all subjects, regardless of juvenile or adult status. Each action field is required to be completed only if that action has been performed.

To ensure that accurate data is captured in the e3DM, each sector is required to establish local protocols for using the module and ensuring that information is entered completely and accurately. The Statistics and Data Integrity Unit of the Enforcement Systems Branch will perform data quality checks to ensure that all sectors are complying with the reporting and entry requirements of the updated e3DM. Training materials are available on the CBPnetSecure site under the SPPA, ESB, Enforcement Systems Training Unit site

(b) (7)(E)

Staff may direct questions to the Enforcement Systems Branch at (b) (6), (b) (7)(C)

(b) (7)(E)



**U.S. Customs and
Border Protection**

May 7, 2015

MEMORANDUM FOR: All Employees
Del Rio Sector

FROM:  Rodolfo Karis
Chief Patrol Agent
Del Rio Sector

(b) (6), (b) (7)(C)

SUBJECT: Procedures for Reporting Allegations of Misconduct

Due to changes in how allegations are reported to the Department of Homeland Security (DHS) Office of Inspector General (OIG), this supersedes my April 23, 2015 memorandum *Procedures for Reporting Allegations of Misconduct to the Joint Intake Center*.

Every Border Patrol employee has the responsibility to report any incident of misconduct. Misconduct is described as any willful action or inaction on the part of a Border Patrol employee that violates any Federal, state, or local statute; or any DHS or U.S. Customs and Border Protection directive, regulation or policy, or any applicable standard of conduct, whether done on or off duty. Misconduct should not be confused with negligence, which is the failure to exercise the care that a reasonably prudent person would exercise in a like circumstance.

Allegations of misconduct are to be reported in a timely manner by using any one of the following methods:

- E-mailing message to Joint.Intake@dhs.gov;
- Calling the Joint Intake Center (JIC) Hotline at 1-877-2INTAKE or by faxing information to (202) 344-3390;
- Calling the DHS OIG at (800) 323-8603 or accessing the online DHS OIG Complaint/Allegation Form at <http://www.oig.dhs.gov/hotline/hotline.php>; or
- Notifying your chain of command of the incident.
 - Supervisors and managers must report incidents to the appropriate office.

Examples of misconduct by employees which must be reported to the JIC:

- Criminal activity – conduct that violates local, state or Federal criminal laws. Examples of criminal activity include, but are not limited to: bribery; theft or misuse of funds; smuggling; drug possession; perjury; or civil rights violations, etc. All arrests must also be reported;
- Serious misconduct – substantive misconduct that could jeopardize the agency's mission. Examples of serious misconduct include, but are not limited to: misuse of the Treasury Enforcement Communications System; falsification; abuse of official position for private gain; workplace violence or harassment; improper association; or willful misuse of government vehicle or property, etc.;

Procedures for Reporting Allegations of Misconduct

Page 2

- Unauthorized use of the government travel/purchase card or payment delinquency once a voucher has been filed and the employee has received compensation; and
- Serious threats against employees.

Reportable cases of misconduct or negligence not meeting the level of serious misconduct or gross negligence, are best handled directly by supervisors or managers and reported through existing avenues for reviewing and handling employee issues or concerns, such as complaint or grievance processes.

Examples of reportable misconduct or negligence by employees which should not be reported to the JIC, but should be reported to management in a timely manner:

- Vehicle accidents (unless accident was caused by a Border Patrol employee and resulted in injuries or death);
- Lost prisoner property not involving an allegation of theft;
- Prisoner escapes not involving criminal misconduct by the employee (i.e. bribery);
- Citizen complaints not involving allegations of serious misconduct;
- Leave issues, such as tardiness, or absence without approved leave;
- Performance-related issues, such as not carrying out work assignments; insubordination; inattention to duty; poor work product; loss of prisoner property; or escape of a prisoner;
- Dress code issues, such as uniform and appearance matters;
- Workplace atmosphere issues, such as personality conflicts;
- Rude or unprofessional conduct, such as the use of profanity or other discourteous language, demeanor, or gestures;
- Loss or theft of government-issued equipment not resulting from misconduct (if misconduct is the cause of the loss or theft then the incident may rise to the level of a case reportable to the JIC);
- Unauthorized use of the government travel/purchase card of \$500 or less, or a payment delinquency under \$1,000; and
- Equal Employment Opportunity (EEO) violations. Complaints alleging discrimination based upon race, color, religion, national origin, sex, reprisal, age, disability, genetic information, status as a parent or sexual orientation are not reportable to the JIC. These complaints should be routed through the appropriate EEO complaint processes.

All Use of Force incidents will be reported utilizing existing guidance, including my April 9 2015 memorandum *Notification Requirements to CBP Internal Affairs*. Determination of misconduct and JIC reporting will be handled by the Use of Force Review Board through the established Use of Force Incident Team process.

Additional information regarding the above issues can be found in my April 15, 2015 memorandum Standardized Post-Employee Arrest Requirements Internal Operating Procedures and CBP Directive 51735-013A, *Standards of Conduct*.

If you have any questions regarding this guidance, please contact Assistant Chief Patrol Agent (b) (6), (b) (7)(C) at (b) (6), (b) (7)(C)

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

CBP DIRECTIVE NO. 3340-025F

DATE: Nov 02, 2021

ORIGINATING OFFICE: OS

SUPERSEDES: 3340-025E

REVIEW DATE: Nov 02, 2024

**Reporting Significant Incidents to the
U.S. Customs and Border Protection WATCH**

1. PURPOSE. To establish U.S. Customs and Border Protection (CBP) policy and assign responsibilities for the timely reporting of significant incidents, terrorism-related events, emerging threats, or issues, that impact CBP operations and personnel and other operational information as needed. Notification to the CBP WATCH is essential to ensuring appropriate and timely notifications to the Commissioner, CBP Senior Executive Leadership, the Department of Homeland Security (DHS), and other relevant government entities and stakeholders.

2. POLICY. The CBP WATCH serves as the unified reporting hub to the Commissioner, Deputy Commissioner, Executive Assistant Commissioners (EAC), Chief of the U.S. Border Patrol (USBP), and external partners. The Significant Incident Report (SIR) Module will serve as the single repository and official system of record for all reportable events and incidents with a nexus to U.S. Customs and Border Protection. All CBP offices shall comply with the guidelines and responsibilities of this directive.

3. BACKGROUND. To enhance information sharing and situational awareness support for CBP operators, in the context of significant incidents and events, CBP established the CBP WATCH. This all-source, 24/7 operations center, is comprised of (b) (7)(E) enhance and streamline (b) (7)(E) reporting of significant incidents and events with the goal of better supporting CBP's frontline operators, analysts, and leadership.

- a) (b) (7)(E)
- b) (b) (7)(E)
- c) Preparedness Division

3.1. The CBP WATCH provides a unified, corporate, CBP common operating picture (COP) visible across all offices and does not usurp the ability of office leadership to communicate directly to the Commissioner or Deputy Commissioner. For significant incidents and events, the CBP WATCH serves and supports component offices as a (b) (7)(E)

(b) (7)(E)

3.2. The CBP WATCH, located at CBP Headquarters in Washington, DC provides uninterrupted operations as the CBP Headquarters' Operations Center.

3.3. The CBP WATCH is the primary point of contact for all significant incident reporting as described below in this directive.

The CBP WATCH also provides real-time reporting of critical information to senior CBP and DHS leaders and is the primary point of contact and conduit to send and receive information to and from DHS and other partner agencies or stakeholders.

4. SCOPE. All CBP offices and personnel shall implement this directive. For purposes of this directive, the CBP WATCH - Operations Watch adopts the legacy functions of the Commissioner's Situation Room (SITROOM) and serves as executor for this directive.

5. DEFINITIONS. The following definitions apply for purposes of this directive:

5.1. Absconder: A person, who a CBP Law Enforcement Officer had both an opportunity and a reason to physically control, but who is not prevented from escaping, evading, or fleeing detention by CBP regardless of whether the person is apprehended and/or returned to CBP custody (in accordance with CBP Directive No. 3340-030B, *Secure Detention, Transport and Escort Procedures at Ports of Entry*, dated August 8, 2008).

5.2. Agroterrorism: The deliberate introduction of any type of disease agent, either against livestock or into the food chain, to undermine socioeconomic stability and/or generate fear.

5.3. Assault: A physically manifested attempt or threat to inflict injury on CBP personnel, whether successful or not, which causes a reasonable apprehension of imminent bodily harm.

5.4. Bioterrorism: The intentional release of viruses, bacteria, or other germs that can sicken or kill people, livestock, or crops.

5.5. CBP Component Offices: Air and Marine Operations (AMO), Enterprise Services (ES), Office of Field Operations (OFO), Operations Support (OS), Office of Trade (OT), United States Border Patrol (USBP), Office of the Commissioner (OC), Office of Chief Counsel (OCC), Office of Congressional Affairs (OCA), Office of Public Affairs (OPA), and Office of Professional Responsibility (OPR), including successors.

5.6. Concealed Human Smuggling: Humans concealed in a way in which they cannot escape or exit the conveyance in which they are being smuggled without assistance from someone else.

5.7. Distress-Encounter: A situation wherein a person is encountered by CBP already in a serious medically compromised state, where CBP renders aid and/or coordination to more advanced medical care.

5.8. High-Impact Technology Disruption: A loss of access to Information Technology (IT) resources, applications, systems, or mission-critical capabilities, caused by either a natural, deliberate, or unintended outage within the IT network that connects the operational entities with the resources needed to perform their functions (e.g., telecommunications outages, hardware /software failures or slowdowns, deliberate cyber-attacks or attempted attacks, system failures, and/or scheduled or planned outages).

5.9. Video Monitoring Accountability. Any equipment failure of closed-circuit television (CCTV) or video surveillance systems (VSS) and associated storage equipment (Digital Video Recorder (DVR) or Network Video Recorder (NVR) in-excess of 120 hours at any CBP facility with the capability for holding, detaining, and/or processing subjects

5.10. Family Separation: Any event in which a child under the age of 18 is separated from their parent or verified legal guardian after having been encountered together.

5.11. In-Custody Death: A designation given to any death that occurs when a subject is detained, under arrest, or is in the process of being arrested by any Law Enforcement Officer of such Federal Law Enforcement Agency (or by any state/local law enforcement officer while participating in a federal law enforcement operation, task force, or in any other Federal law enforcement capacity).

5.11.1. Additionally, an In-Custody Death is any death that occurs while being transported to be incarcerated or detained, or is incarcerated or detained at:

- Any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency.
- Any state or local government facility used by a federal law enforcement agency.
- Any Federal correctional or pre-trial detention facility within the United States.

5.11. Media-Related Event: Any incident or event where media reporting has the potential for regional or national distribution through television, radio, print, and online mediums that generates a high level of public attention.

5.12. Not-in Custody Death: A designation given to any death with CBP involvement that does not meet the criteria for an “In-Custody”.

5.13. Serious Injury: Physical injury that involves unconsciousness, extreme physical pain, long-term and obvious disfigurement; long-term loss or impairment of the function of a bodily member, organ, or mental faculty; or a substantial risk of death.

5.14. Serious Medical-Related Event: Any incident or event that necessitates the use or deployment of Cardiopulmonary Resuscitation, an Automated External Defibrillator, Tourniquet, Individual First Aid Kit, or Naloxone/Narcan by on-duty CBP personnel.

5.14.1. Childbirth: Any birth of a child by an individual who is in a CBP facility, CBP custody, enroute to the hospital after a CBP encounter, or upon encounter in the field.

5.15. (b) (7)(E)

(b) (7)(E)

5.16. Threat-Related Event: Any incident or event involving direct or implied communication or action that poses a risk of violence against CBP leadership, employees, contractors, their family

members, or facilities.

5.17. Use of Force: An incident when a law enforcement tactic, technique, less-lethal device, or weapon, is used to arrest a subject, address a potential threat, or ensure compliance with a lawful order.

6. RESPONSIBILITIES.

6.11. All EACs, Chief of the USBP, Assistant Commissioners, Executive Directors, and the Chief Counsel are responsible for ensuring their respective offices comply with this CBP WATCH Directive.

6.12. The specific responsibility to notify and provide updated information to the CBP WATCH rests with the on-duty supervisor. In the absence of an on-duty supervisor, the assigned lead agent, officer, or employee is responsible.

6.13. The CBP WATCH - Operations Watch is responsible for managing this directive, promulgating these reporting requirements, and maintaining the SIR Module used to report and track incidents or events.

7. PROCEDURES.

7.1. Significant Incident Reporting Responsibility and Requirements.¹

7.1.1. The responsibility and requirement to report information to the CBP WATCH applies to all CBP personnel, regardless of official assignment, both within and outside the Continental United States.

7.1.2. This responsibility and requirement also apply to CBP personnel assigned to other Government agencies, task forces, or external assignments.

7.1.3. The distribution of all SIR Reporting, particularly reports involving Personally Identifiable Information (PII), or information related to sensitive topics (deaths, sexual assaults, etc.), should be limited those with a relevant need to know. If it is determined that a report requires agency-wide distribution, efforts should be made to redact or remove PII and should be coordinated with the CBP Privacy Office prior to distribution.

7.2. CBP WATCH and SIR Reporting Contact Information:

- (b) (6), (b) (7)(C)
- [REDACTED]
- [REDACTED]
- [REDACTED] – Senior Watch Officer
- (b) (7)(E) [REDACTED] – CBP WATCH Email
- (b) (7)(E) [REDACTED] – CBP SIR Module or successor system

¹ Although CBP utilizes standard reporting thresholds to initiate SIRs, there may be instances or events requiring SIR initiation based on emerging trends, enforcement/media anomalies, events of unique interest, or Agency leadership discretion.

7.3. Upon notification to the CBP WATCH, a Watch officer will initiate an SIR via the SIR module and generate a specific report number (a link to the SIR Module is located on the CBPnet homepage).

7.4. When initiating an SIR, the reporting official shall provide as much information available at the time of the initial report.

7.5. Information related to the incident should include, but is not limited to the following:

- Time of incident
- Location of incident
- Individuals involved, including CBP personnel
- Actions taken
- Impact on operations and CBP personnel

7.6. Initial reports should also include a general disclaimer: *"This report is preliminary. Facts and statements herein may be updated and/or supplemented as additional information becomes available."*

7.7. All SIRs shall include the Global Positioning System (GPS) coordinates in latitude and longitude format of degrees/minutes/seconds indicating the specific geographic location of the incident.

7.8. For all reported incidents related to a CBP or Government contract employee, the report shall include the employee's name, date of birth, current duty location, job title, and entry on duty date.

7.9. Once an incident is resolved and normal operations are restored, the final written report shall include relevant information for the specific incident.

7.10. For incidents in which notification to OPR is required (per CBP Directive No. 1440-026A, *Reporting Allegations of Employee Misconduct*, dated April 4, 2017) reporting offices are required to notify the CBP OPR Duty Agent through the National Law Enforcement Communications Center (NLECC) at (b) (7)(E)

7.11. When multiple operational offices are involved in one incident (e.g., when an Incident Command Structure exists) coordination and deconfliction shall occur between the involved offices at the field level, prior to submitting the SIR. Only one SIR shall be initiated for each singular event.

IMMEDIATE NOTIFICATIONS

7.12. Certain critical incidents require an Immediate Initial Notification (IIN) to the CBP WATCH.

7.13. These notifications are reports of the initial facts known at the time of reporting as

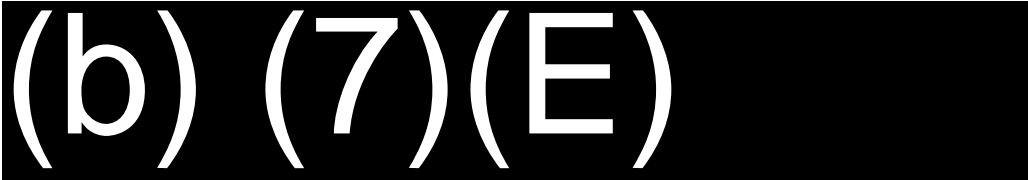

outlined in section above.

7.13.1. Although limited information may be available, these notifications to the CBP WATCH provide the Commissioner and Senior Executive Leadership with immediate notifications for decision-making purposes on evolving events. They are not expected to be complete all-inclusive reports.

7.14. Direct communication may occur simultaneously between field commanders and Senior Executive Leadership, through Chain of Command notifications. Such communication shall not delay report of an IIN to the CBP WATCH.

7.14.1. CBP Watch shall work parallel to the direct communication from field commanders to Senior Executive Leadership and continue to follow standard notification protocols.

7.15. CBP supervisors are required to immediately notify the CBP WATCH for all the events described below:

- On-duty death or serious/life threatening injury of an employee, including assaults.
- On-duty application of use of force by an employee that results in serious bodily injury or death.
- Off-duty death of an employee that was a result of violence, their official position, or suspected suicide.
- 
- Significant CBP aircraft or vessel accident resulting in injuries, death, or loss of the vessel.
- High-impact technology disruption.
- International events involving CBP employees and operations that reach the level of attention of the U.S. or a foreign country's government.
- Any implied or direct communication or action posing a risk of violence against CBP leadership, employees, contractors, their family members, or CBP facilities.²
- Any physical, technical, or protective strategy established to mitigate, secure, or thwart any implied or direct communication or action that poses a risk of violence against any CBP employee, contractor or facility must also be reported to OPR's Protective Operations Branch via email at 
- Unanticipated major disasters with immediate impacts to CBP facilities, operations, or personnel.

STANDARD NOTIFICATIONS

² In accordance with CBP Domestic Violence Policy DIR 51000-004 Effective December 9, 2020

7.16. All SIR incident notifications not falling into the immediate notification category are categorized as standard notifications and shall be reported to the CBP WATCH **as soon as possible after the incident**, but no longer than two-hours after the occurrence or notification of the occurrence, followed by completed written notification within six-hours of incident via the SIR Module.

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- (b) (7)(E)

7.18. (b) (7)(E) .

7.18.1. (b) (7)(E)
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7.18.2. (b) (7)(E)

- (b) (7)(E) _____

³ (b) (7)(E) _____
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(b) (7)(E)

7.19. Law Enforcement Assists.

7.19.1. Any law enforcement action taken to support Federal, state, local, tribal, international law enforcement, military, or Government agency that is considered a high-profile event and would garner political, international, national media, or in general, garner a high level of public attention.

7.20. Public Health.

7.20.1. Any encounter with any person that is an exact match to a Centers for Disease Control and Prevention (CDC) public health related lookout or when public health authorities determine that a non-citizen encountered by CBP has a communicable disease of public health significance.

7.20.2. Any refused entry or quarantine of any animal showing signs or symptoms of a contagious disease requiring veterinary health notification.

7.21. Arrests by CBP personnel.

7.21.1. Any arrest of a person for a high-profile crime that may be the subject of national media interest.

7.21.2. Any arrest of a high-profile individual, dignitary, Government representative or official(s), or member(s) of the traveling party, regardless of the charges.

7.21.3. Any arrest of subjects with significant felony conviction(s), including murder, crimes against children, or felonies related to sexual crimes.

7.21.4. Any arrest related to child pornography of a person who is not the subject of an arrest warrant.

7.21.5. Any arrest or detention of groups of subjects greater than one hundred persons.

7.22. Seizures and Penalties.

7.22.1. Seizure, refusal, denial of entry, or extended detention of a foreign or domestic large-scale commercial passenger or cargo conveyance. Seizure, refusal, denial of entry, or extended detention of any foreign government vehicle, aircraft, or vessel.

7.22.2. Seizure of \$150,000.00 USD (or equivalent) or more in currency or negotiable instruments, including counterfeit currency.

7.22.3. Any seizure of property with a domestic value of \$150,000.00 USD or more or the issuance of a penalty of \$1,000,000.00 USD or more.

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7.23.2. Each seizure will identify the method of detection (e.g., officer observation, canine alert, computer-generated alert, or non-intrusive inspection) and how the contraband was concealed.

7.23.3. Seizures below the established thresholds should be reported when there is an unusual circumstance, unique concealment method, or other significance associated with the seizure.

7.23.4. Photographs must be submitted in the SIR module for all seizures and any video available shall be uploaded as well when the capabilities exist.

7.24. Employee-related Incidents.

7.24.1. Off-duty death or life-threatening injury of any CBP employee, contractor, canine, or horse.

7.24.1.1. An employee who is involved in an off-duty death does not preclude it to

⁴ Biologicals may be defined as preparations such as drugs, vaccines, diagnostic test kits, and antitoxins that have been synthesized from living organisms or their products; including those used as a diagnostic, preventive, or therapeutic agent. Biologicals may be categorized as plant, animal or human, diagnostic specimens, infectious substances, genetically modified organisms, and microorganisms, cell and DNA cultures, and unregulated biological materials.

be a line-of-duty death, nor does an on-duty guarantee line-of-duty death status. The reporting office will not make any assumptions regarding the line-of-duty status when submitting the reports. CBP Watch will review all submissions and return any reports for revision if line-of-duty determination is mentioned in the initial report. All line-of-duty death determinations are made in accordance with CBP Directive 51250-021 “*CBP Line of Duty Death Determination*” and are approved by the Commissioner of CBP.

7.24.2. Arrest, incarceration, or indictment of a CBP employee or any individual directly working with CBP while on- or off-duty, as outlined in CBP Directive 51735-014A. This includes being served or cited without incarceration for any allegation of driving under the influence of alcohol or drugs.

7.24.3. Any threat against a CBP employee, or any individual directly working with CBP, or their family, because of the CBP employee’s position.

7.24.4. Any heroic act by a CBP employee, whether on- or off-duty.

7.24.5. Accidents in a Government conveyance (including government rental vehicles) resulting in serious injury to anyone involved.

7.24.6. Death or serious injury of an individual caused by an on- or off-duty CBP employee.

7.24.7. Lost or stolen Government issued firearms. All other lost items shall be reported via local leadership and the (b) (7)(E) (b) (7)(E).

7.25. (b) (7)(E)

7.25.1. (b) (7)(E)

7.25.2. (b) (7)(E)

(b) (7)(E)

- Rescue of an individual that results from a law enforcement action that prevents serious injury, life threatening condition, or death.

7.26. Family Separations.

7.26.1. Any documented family separation event.

7.27. Firearm Discharges.

7.27.1. Any discharge (including an unintentional discharge) of a CBP firearm or any firearm that is, or reasonably appears to be, related to his or her CBP employment except

for:

- Discharges which occur during firearms training, practice, qualification, demonstrations, or lawful participation in firearms sports, which do not cause injury to a person, or damage to private, public, or government property. This includes unintentional discharges where the firearm was pointed into a clearing barrel and the barrel safely caught the ammunition in its entirety without any damage or injuries. Humane euthanasia of injured wildlife that was not a threat to a CBP employee (e.g., a deer struck by vehicle) is also exempt from reporting.

7.27.2. The discharge of any firearm that is in violation of any law or ordinance or causes an investigation by any law enforcement agency.

7.27.3. The discharge of any firearm that is, or reasonably appears to be, discharged in an unsafe or reckless manner due to impairment caused by the consumption of alcohol or drugs.

7.27.4. The discharge of any firearm that occurs during multi-agency operations involving CBP personnel (but not by a CBP employee).

7.28. Incidents Involving Subjects Encountered by CBP.

7.28.1. The death, serious injury, suicide, or attempted suicide of an individual occurring while in CBP custody or during an encounter with CBP officers and agents.

7.28.2. Serious Medical-Related Event: Any incident or event where CBP employees use or administer Cardiopulmonary Resuscitation (CPR), an Automated External Defibrillator, a Combat Application style Tourniquet, the contents of a Tactical Combat Casualty Care (TCCC) style Individual First Aid Kit (IFAK), or Naloxone/Narcan. This shall also include any other medical interventions applied by medically trained CBP employees, such as CBP Emergency Medical Technicians or Paramedics whose immediate action or procedure improved or attempted to improve the outcome on a subject who was critically ill or injured. Such acts include but are not limited to compromised airway management, medication administration, or application of other techniques or appliances that the provider is trained to administer.

7.28.3. Childbirth: Any birth of a child by an individual who is in a CBP facility, CBP custody, enroute to the hospital after a CBP encounter, or upon encounter in the field.

7.28.4. Unauthorized access or entry of travelers into the United States without CBP clearance at any port of entry. This includes the intentional or unintentional release of travelers, luggage, or merchandise into the U.S. (consistent with CBP Handbook No. HB 1400-02C, *Physical Security Policies and Procedures Handbook*, dated December 2019).

7.28.5. Any death with CBP involvement, in-custody or not, should be reported to the CBP WATCH.

7.28.6. Any death of a person occurring while being transported to be incarcerated or

detained or is incarcerated or detained at; (A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency; (B) any state or local government facility used by such Federal law enforcement agency; or (C) any Federal correctional or Federal pre-trial detention facility located within the United States.

7.28.7. Any death of a person occurring outside of these parameters with CBP involvement is classified as “Not In-Custody.”⁵

7.28.8. Non-authorized departure of a subject while in CBP custody or a subject that absconds from a controlled environment; this requirement does not extend to incidents involving subjects who abscond during a field encounter prior to the establishment of custodial arrest.

7.28.9. Unaccompanied Children improperly being returned to their country of origin under U.S. Code Title 42 §§ 265 and 268, *Order Suspending Introduction of Persons from a Country Where a Communicable Disease Exists*, dated March 20, 2020.

7.28.10. Any vehicle where the driver fails to stop at or flees from a port of entry (consistent with CBP Directive No. 4510-026, *Emergency Driving Including Vehicular Pursuits by U.S. Customs and Border Protection Personnel*, dated January 26, 2021).

7.28.11. All sexual abuse and/or assault allegations are considered significant incidents.

7.38.12. Any knowledge, suspicion, or information of the following must be reported as promptly as possible to the CBP WATCH, the Joint Intake Center, and the CBP Prevention of Sexual Assault Coordinator:

- an incident of sexual abuse and/or assault of an individual in CBP custody, including while in holding facilities, during transport, and during processing.
- retaliation against any person, including a detainee, who reports, complains about, or participates in an investigation about an incident; and
- any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.⁶

7.29. Technology Disruptions.

7.29.1. Any unscheduled major disruption of a CBP facility because of weather, fire, hazmat, power disruption, threat to facility and/or unscheduled computer communication systems outages impacting CBP operations.

⁵ All deaths reported to the CBP WATCH should be coordinated with OPR prior to publishing the notification. OPR will verify the custodial determination with concurrence with applicable partners to ensure the proper notifications are conducted. This does not include human remains encountered by CBP employees or other Agency personnel in the scope of their normal duties.

⁶ Refer to the [CBP Policy on Zero Tolerance of Sexual Abuse](#), dated March 11, 2015, and [CBP Directive No. 2130-030](#), Prevention, Detection and Response to Sexual Abuse and/or Assault in CBP Holding Facilities.

7.29.2. Any disruption at a facility used by CBP resulting in major law enforcement response.

7.29.3. Any disruption resulting from protest activity at a facility used by CBP or targeting CBP employees.

7.29.4. CBP ports of entry experiencing processing wait times must report:

- Land Border: When processing wait-times exceed 180 minutes.
- Airports: When processing wait times exceed 180 minutes and the delay results from circumstances other than normal peak processing (e.g., technology/ communication outages, higher passenger volumes due to flight diversions, weather, fire events, or other serious facility related issues).
- Any unscheduled shutdown of non-intrusive inspection examination systems or other detection systems longer than 24 hours where there are no other examination systems available to augment the loss and there is a significant impact to operations.
- Unscheduled major communication system outages of two hours or more.

7.29.5. Video Monitoring Accountability. Any equipment failure of closed-circuit television (CCTV) or video surveillance systems (VSS) and associated storage equipment, Digital Video Recorder (DVR) or Network Video Recorder (NVR) in-excess of 120 hours at any CBP facility with the capability for holding, detaining, and/or processing subjects.

7.29.6. If the National Data Center (NDC) has determined and advised the affected office that the incident is the result of a nationwide or regional outage, disruption, or brown out of major cargo processing or enforcement systems, the field office will contact the CBP WATCH to advise of the outage and its impact on operations.

7.29.7. A report will not be necessary if the NDC has notified the CBP WATCH and filed the required SIR.

7.30. Incursions.

7.30.1. CBP personnel are responsible to report all illicit or intentional conveyance incursions of the United States border by sea, air, or land.

7.30.2. Any land or sea border incursion by a foreign government, military, or law enforcement official.

7.31. Sensitive Information and Controlled Deliveries⁷.

7.31.1. CBP personnel are responsible to report encounters and seizures meeting the

⁷ For further guidance, see DHS Management Directive No. 11044, *Protection of Classified National Security Information Classification Management*.

established thresholds in this document.

7.31.2. If sensitive or potentially classifiable information is discovered or revealed during an interview of a subject or during processing of a seizure, the reporting office should consult with its chain of command to determine whether to include the information in the incident report and proper means of transmitting the information if it is to be included.

7.31.3. In the event of a pending controlled delivery, the reporting office should consult with its chain of command and the participating investigatory agency to determine what information would be reasonable and prudent for inclusion in the written report prior to the conclusion of the investigation.

7.32. Protective Intelligence and Personnel Threat Information.

7.32.1. CBP personnel are responsible to report any email, text, telephone, social media, postal, private carrier mail, or other communications that either directly or indirectly threatens violence against CBP leadership; employees; contractors; their family members; CBP facilities; or poses a credible threat to public safety or national security.

7.33. Supplementary Notifications.

7.33.1. To respond to emerging and undefined or unforeseen incidents or events, the CBP WATCH, in consultation with all CBP offices, will provide operational and intelligence notification highlighting a new threat and reporting requirement guidance.

8. No Private Rights Created

8.1. This document is an internal policy statement of CBP and does not create or confer any rights, privileges, or benefits for any person or party.

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NOV 02 2021

Troy A. Miller _____ (date)
Acting Commissioner
U.S. Customs and Border Protection