



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

Medical Process Guidance

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Background

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

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

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

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

CBP Medical Process & Forms

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I. Health Intake Interview (CBP 2500)

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

When to use it-

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

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

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

Who can do it-

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

Where to Record It-

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

II. Medical Assessment

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

When to use it-

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

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

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

Who can do it-

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

Where to Record It-

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

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

III. Medical Encounter

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

When to use it-

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

Who can do it-

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

Where to Record It-

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

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

IV. Medication Application (Med App)

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

When to use it-

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

Who can use it-

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

Where to record it-

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

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

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

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

V. Medical Outtake Process

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

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

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

Who can do it-

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

Where to record it-

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

Additional Requirements

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

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

VI. EMR Outages/Use of Paper Medical Records

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

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