

INTERNATIONAL BORDER COMMUNICABLE DISEASE RESPONSE PLAN

Guidelines for Preventing the Introduction,
Transmission and Spread of Communicable Diseases
from Foreign Countries into the United States

*New York State
Border County*



Immediate Contact Numbers

Agency	Number
US Customs and Border Protection (CBP)	
CBP Port of Entry (based on location)	
CBP Press Office (Buffalo, NY)	716-626-0400 X 204
Centers for Disease Control and Prevention (CDC)	
CDC JFK Airport Quarantine Station / 24-hour service	718-553-1685
CDC Public Affairs Office (Press Officer)	404-639-3286
County and State Department of Health	
County Health Department	
County EMS	911
NYS DOH Regional Office (based on county location)	
NYS DOH Central Office - Bureau of Communicable Disease Control (BCDC)	518-473-4439
NYS DOH After Hours Duty Officer	1-866-881-2809
Regional Public Health Units, Canada (Ontario or Quebec) depends on location of initiating county	
Ontario Ministry of Health and Long Term Care (MOHLTC)	416-212-6361 / 416-325-3000 after hours
Regional Public Health Unit	
Quebec Ministry of Health and Social Services	418-266-6720 / 800-363-3781 #32245 after hours
Regional Public Health Unit	

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Assumptions Around Scenario of Land Border Entry of Person(s) With a Communicable Disease

1. These standard operating procedures (SOP) start from the initial field level responder from a public health jurisdiction, which may be:
 - 1.1 local health department in NYS,
 - 1.2 provincial health department in Ontario / Quebec,
2. Each jurisdiction can take these standard operating procedures and adapt them to its own location/situation.
3. This SOP applies to a New York State County international border, from the United States (US) side.
4. This document incorporated the Division of Global Migration and Quarantine (DGMQ) procedures that applied to a local health jurisdiction, thus assuring that it interfaces appropriately.
5. Representatives in command roles may change as different levels of jurisdiction become available or report.
6. Most of what is written in this document is assuming that a serious public health threat has been identified making this extensive response necessary. This outlines a large response with many jurisdictions and partners involved. It can be scaled down as needed to fit the event.

Background & Overview

The Federal government has legal authority to implement isolation, quarantine or other public health measures to prevent the introduction of specific diseases from abroad. The diseases subject to quarantine are established by Executive Order of the President and currently include:

- Cholera and suspected cholera
- Diphtheria
- Communicable Tuberculosis
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers (i.e., Ebola)
- Severe Acute Respiratory Syndrome (SARS)
- Influenza (Pandemic potential)

Notification is also requested for the following suspected conditions:

- Bacterial meningitis
 - Measles
-
- The Centers for Disease Control and Prevention (CDC), through the Division of Global Migration and Quarantine (DGMQ), has the lead Federal responsibility to carry out these authorities at international ports of entry. Customs and Border Protection will detain individuals under CBP regulations until a determination is made about quarantine.

- CDC staff is available 24-hours a day to coordinate the evaluation of any incoming ill passenger(s) or crew member(s). Additionally, as a component of its disease control activities at the Land Border Port of Entry (LBPOE), CDC may engage in disease surveillance among travelers, as well as develop and distribute disease specific information in the form of Traveler's Health Alert Notices (THAN).
- These activities may be undertaken with assistance from other partners from the port of entry and local communities.
- Current Federal regulations (42USC268b) require Customs officers to enforce quarantine regulations, and the Memorandum of Understanding (MOU) signed in October, 2005 between the US Department of Homeland Security (DHS) and US Department of Health and Human Services (DHHS) Secretaries codified further forms of cooperation between US Customs and Border Protection (CBP) and CDC. The staff of the CDC Quarantine Station should be notified immediately upon detection or notification by CBP of an ill passenger/border crosser at an LBPOE.
- For this purpose, and as defined in the regulation (42CFR71.21), a person is considered ill if they exhibit:
 - A temperature of 100°F (38°C) or greater accompanied by rash; glandular swelling; jaundice; or fever that has persisted for more than 48 hours, or
 - Diarrhea defined as the occurrence in a 24-hour period of three or more loose stools or a greater than normal number of loose stools.
- The *CDC Quarantine Station Manual of Operations* provides case definitions and response protocols for illnesses of public health significance/threat onboard arriving flights. The protocols may be updated as more information regarding emerging/reemerging infectious diseases is obtained.
- CDC Quarantine Stations, via local trainings, and the DGMQ, through Federal Law Enforcement Training Center programs, have provided education to CBP in order to accomplish the objectives outlined in this operations plan.

Standard Operating Procedures For Communicable Diseases Public Health Response at the International Border

Ill and exposed entering US by public conveyance

1 Purpose

This document defines the actions to be taken to prevent the potential introduction and spread of quarantinable diseases via a land border port of entry. This document is written from the perspective of the on-site public health official(s) who respond to assist the CDC DGMQ.

2 Definitions

- 2.1 Communicable Disease – an illness due to a specific infectious agent that arises through transmission of that agent from an infected human or animal, or acquisition from an inanimate source to a susceptible host; either directly or indirectly.
- 2.2 Contact – a person that has been in close association with an infected person, animal, or exposed to a contaminated environment as to have had an opportunity to acquire that infection.
- 2.3 Contact Tracing – identification and diagnosis of persons who may have come into contact with an infectious person. For highly virulent diseases such as Smallpox or SARS thorough contact tracing would require information regarding casual contacts.
- 2.4 Epidemic – the occurrence, in a defined community, of cases of an illness with a frequency clearly in excess of normal expectancy.
- 2.5 Incubation Period – the time interval between initial contact with an infectious agent and the first appearance of symptoms associated with an infection.
- 2.6 Interim Quarantine – the temporary holding of exposed individuals or border crossers at a port of entry while transportation to long-term quarantine location is arranged, or while long-term quarantine facility is being prepared, or while the threat to public health is being determined.
- 2.7 Isolation – separation (for a period at least equal to the period of communicability) of infectious persons from others, in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible to infection or who may spread the agent to others. Isolation may be in a hospital or at home, and could be voluntary or mandatory.
- 2.8 Pandemic – an epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people. A global epidemic.
- 2.9 Quarantine – restriction of activities for well persons who have been exposed (or are considered to be at high risk of exposure) to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period if infection should occur.

- 2.10 Surveillance – the process of collection, collation, analysis, evaluation, and reporting of health information including (but not limited to) morbidity and mortality reports and field investigations of infectious cases.
- 2.11 Suspect – illness in a person whose history and symptoms suggest that he or she may have or is developing a communicable disease.
- 2.12 Temporary Quarantine – quarantine that may occur for up to 72 hours at a port of entry or other location while long-term quarantine order is being sought or long-term quarantine location is being prepared/identified.
- 2.13 Transmission – any mechanism by which an infectious agent is spread from a source to a person.

3 Abbreviations

- 3.1 CBP US Customs and Border Protection
- 3.2 CDC US Centers for Disease Control and Prevention
- 3.3 DGMQ Division of Global Migration and Quarantine
- 3.4 EMS Emergency Medical Services
- 3.5 FLETC Federal Law Enforcement Training Center
- 3.6 IC Incident Commander
- 3.7 ICE US Immigration and Customs Enforcement
- 3.8 ICP Incident Command Post
- 3.9 ICS Incident Command System
- 3.10 LHD Local Health Department
- 3.11 LBPOE Land Border Port of Entry
- 3.12 MOA Memorandum of Agreement
- 3.13 MOU Memorandum of Understanding
- 3.14 POV Personally Owned Vehicle
- 3.15 PPE Personal Protective Equipment
- 3.16 SHD State Health Department
- 3.17 THAN Traveler’s Health Alert Notice

4 Notification

Level 1

- 4.1 CBP notifies CDC Quarantine Station and health department jurisdiction.
- 4.2 First public health official to respond follows up to gather facts (see Section 5 for additional guidance) and determine need to send someone to investigate further.
- 4.3 If it is determined that the situation warrants a public health response, two staff are sent to triage, gather information. Local public health, the State Regional Office, and CDC discuss to determine if a Level 2 response is needed.

Level 2

- 4.4 Responding public health official:
 - 4.4.1 Notifies other appropriate jurisdictions regarding situation and possible need for resources, joint scene assessment/investigation, etc. such as:
 - Local health notifies state, provincial, and public health units,
 - State notifies local health and contacts CDC Quarantine Station staff, or other designated contact.
 - 4.4.2 Notifies appropriate internal staffs (legal, communications, administration, laboratory) are contacted.
- 4.5 Public health notification pathway for international border:
 - County Department of Health contacts Regional Public Health Unit in Ontario or Quebec;
 - County Department of Health contacts NYS Department of Health, Regional Office;
 - NYS Department of Health Regional Office contacts NYS DOH Central Office (Bureau of Communicable Disease Control);
 - NYS DOH Bureau of Communicable Disease Control (BCDC) contacts CDC Quarantine Station;
 - CDC notifies Public Health Agency of Canada (PHAC);
 - Other appropriate county multi-agency coordinating group members are contacted.

5. Public Health Response at Port of Entry

- 5.1 The local public health official:
 - 5.1.1 Contacts law enforcement for escort (may be done also when initial staff is being sent, can assist with access around border area).
 - 5.1.2 Requests local law enforcement to confer with CBP on location of conveyance.
 - 5.1.3 Designates local public health border team to respond (*possible team composition: four to five members, with one or two for epi/communicable disease expertise, one sanitarian, one in the public health liaison role, and one for unified command representing public health*).
 - 5.1.4 Directs public health team to:

- Bring required identification (public health identification and passport or other required identification for border).
- Determine *Go Kit* needs that includes:
 - PPE (personal protective equipment – masks (surgical and N95), gloves)
 - hand sanitizer,
 - cell phone/communications,
 - investigation forms,
 - communication contact lists, local phone book, and Eastern or Great Lakes Border Health Initiative Communication Guidelines,
 - other (laptop and printer, tempadots to assess fever),
 - local health department’s I & Q protocol and other appropriate references.

5.2 The local public health team responds to border.

6. Incident Command and Public Health

- 6.1 Arrive, report, and sign-in; team members report to Incident Commander and receive briefing on current command structure and planning/activities to date.
- 6.2 Confer with command regarding:
- 6.2.1 Current structure and anticipated public health role for this incident and possible need for triage screening site, probable need to interview passengers on conveyance (bus/train).
 - 6.2.2 Need for assignment of local public health team member to unified command to represent public health as well as public health liaison role for ongoing communication with public health jurisdictions (local, regional, state, federal).
 - 6.2.3 Safety Officer and public health team’s recommendation for PPE; offer additional guidance based on specific public health practices/standards for suspected disease.
 - 6.2.4 Coordination of public health messages from Public Information Official (PIO).
 - 6.2.5 Gather names and communication information (phone, cell).
- 6.3 Begin tracking costs such as personnel time, supplies, PPE, etc.

7.0 Communications

7.1 Public Information

- 7.1.1 Assign local health department PIO to establish communication with Joint Information Center (JIC).
- 7.1.2 PIO communicates information, command reports, and updates schedule.

7.2 Public Health Network

- 7.2.1 Command assigns public health liaison to report updates to the following:
 - CDC Quarantine Station,

- State public health contacts,
- Border public health contacts (Public Health Unit in Ontario/Quebec),
- Local public health command post (off-site at home office).

7.2.2 Determine method of communication with Ontario/Quebec.

7.2.3 Identify representative who will be communication link with Ontario/Quebec public health and on-site public health.

8.0 Assessment by Local Health

8.1 Assess language of passengers on conveyance and arrange for translators to assist with interviewing.

8.2 Provide explanation to the passengers regarding what is occurring and anticipated procedures.

8.3 Review /Prepare roster (manifest) with names, citizenship, and contact information for all on-site who may have been potentially exposed. (See *Appendix III: CDC International Land Border Illness or Death Investigation Form*. For further information, see DGMQ Communicable Disease Response Plan – International Ports of Entry –Land Border Crossings).

8.4 Begin on site public health basic assessment. Assessment will ideally be made by joint Quebec/US team, but can be initiated by first team on site.

8.5 Identify symptomatic passengers and determine need for ambulance and transfer to hospital for clinical diagnosis.

8.6 Establish and gather line list data for disease assessment. (See *Appendix III: CDC International Land Border Illness or Death Investigation Form*, Section 2 Information on signs or symptoms of ill or diseased person, and *Appendix VII - Job Action Sheets for Border Public Health Event*).

8.7 Review information gathered and determine if any passenger meets case definition.

8.8 Local public health, in consultation with NYS DOH Regional Office, arrange for transport of specimens to Wadsworth Center and CDC.

8.9 Confer with CDC Quarantine Station on need for isolation and quarantine.

9.0 Decision Making for Isolation and Quarantine

9.1 Public health department official confers with CDC Quarantine Station about:

9.1.1 Status of passengers who were transferred via ambulance to the hospital for evaluation and diagnosis; may include multiple hospitals (US and Ontario/Quebec, or multiple US).

9.1.2 Public health team findings from passengers on conveyance.

9.1.3 Next clinical and public health steps needed to clarify/confirm diagnosis.

- 9.1.4 Schedule conference call to determine if situation meets criteria for calling off investigation, continuing investigation, and/or furthering isolation and quarantine planning.

Participants in call:

- CDC Quarantine Station
- Evaluating clinician(s)
- On-site public health (US and Ontario/Quebec)
- State/provincial/local public health
- Others (CBP).

9.2 Public health liaison updates other jurisdictions as needed.

9.3 Public health team conveys information and next steps to detained passengers.

10.0 Investigation

10.1 The public health team starts next steps:

10.1.1 Identifies contacts of symptomatic passengers.

10.1.2 Develops/adapts questionnaire specific to this investigation.

10.1.3 Conducts interviews.

10.1.4 Conveys interview information to off-site health epi-teams for further detailed analysis, and determines who sends the contact information to state or provincial jurisdictions for further follow up and coordination.

11.0 Planning and Arranging Isolation and Quarantine (I & Q)

11.1 Determine how/if citizenship affects decision for I & Q location.

11.2 Consult with Quarantine Station regarding federal, state, or local quarantine order, if not yet in place.

11.3 Provide information to all regarding plan for care.

11.4 Ill passengers

11.4.1 Separate ill from non-ill, keeping family units together as possible.

11.4.2 Review with passengers the use of PPE.

11.4.3 Determine whether ill will stay on-site or be transferred for medical evaluation.

11.4.4 Consult with CBP regarding on-site isolation (e.g., temporary facility).

11.5 Non-ill

11.5.1 Determine if non-ill passengers will stay on-site, be transferred to nearby quarantine site, or be allowed to return home and report to local health agency.

11.5.2 Set up monitoring for early detection of symptoms.

11.6 For staff considered exposed at border

11.6.1 Obtain list of workers on site.

11.6.2 Interview to determine exposure risk.

11.6.3 Determine need for quarantine.

11.7 Individuals identified as at-risk contacts outside the border area

11.7.1 Epi-team creates a list of exposed individuals, organized by the province or state in which the individuals live.

11.8 Arrange conference call with federal quarantine officials, states and provinces to review decisions regarding contact tracing and disease control measures for those exposed.

11.9 Report contacts to each state or province responsible for notifying their county/region/district regarding residents exposed, according to their internal protocols.

11.10 Discuss with command the logistical needs required for arranging quarantine.

11.11 Advise local/state/province public health officials of quarantine and need to establish monitoring procedures.

11.12 Establish mechanisms for on-going communication of information regarding status of case, status of those in isolation and quarantine, and results of contact tracing activities.

12.0 Resolution of Port-of-Entry Activity

12.1 Public health team continues on-site work with incident command until incident is resolved.

12.2 Public health team continues investigation and disease control measures off-site until incident is resolved. This may include follow up of patients placed in isolation and quarantine.

APPENDIX I

REPORTING OF ILLNESS INBOUND AT A LAND BORDER PORT OF ENTRY

Current Federal regulations (42CFR71.21) require international carriers to immediately report death and illness of passengers or crew onboard international conveyances. The staff of the Quarantine Station should be notified immediately when the following are reported by the conveyance operator:

For this purpose, an ill person exhibits:

- A temperature of 100°F (38°C) or greater accompanied by rash, or
- A temperature of 100°F (38°C) or greater accompanied by glandular swelling, or
- A temperature of 100°F (38°C) or greater accompanied by jaundice, or
- A temperature of 100°F (38°C) or greater that has persisted for more than 48 hours, or
- Diarrhea defined as the occurrence in a 24-hour period of three or more loose stools or a greater than normal number of loose stools.

If possible, provide the following information regarding the ill passenger(s):

1. Number of ill passengers
2. Age, sex and symptoms
3. Any “treatment” administered onboard
4. Travel and activity history

Notifications to the Quarantine Station should be made as soon as possible to facilitate rapid response and prevent the introduction of communicable diseases into the United States. In order to expedite the response, reports of illness should be made to quarantine station staff and public health staff using the numbers listed below. Contact should be made in the order listed.

- **718-553-1685** - CDC JFK Airport Quarantine Station / 24-hour service
- **xxx-xxx-xxxx**- County Health Department
- **xxx-xxx-xxxx** - NYS DOH Regional Office
- **518-485-5666** - NYS DOH (business hours)
- **866-881-2809** – NYS DOH After Hours Duty Officer

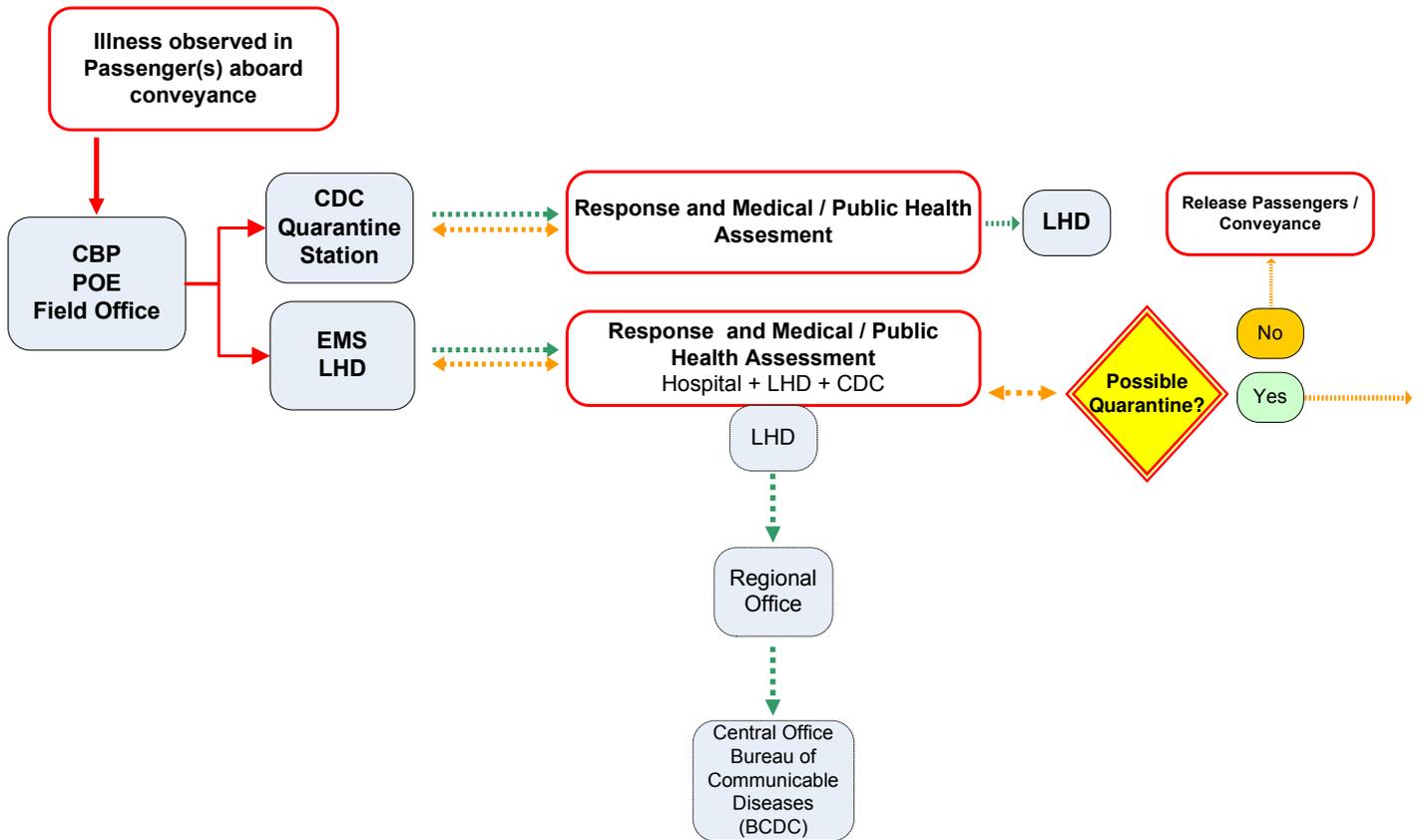
PUBLIC INFORMATION OFFICERS CONTACT LIST

CBP Press Office: **716-626-0400 X 204** (Located in Buffalo, NY)

CDC Public Affairs Office: Press Officer: **404-639-3286**

NYS Public Affairs Group: **518-474-7354**

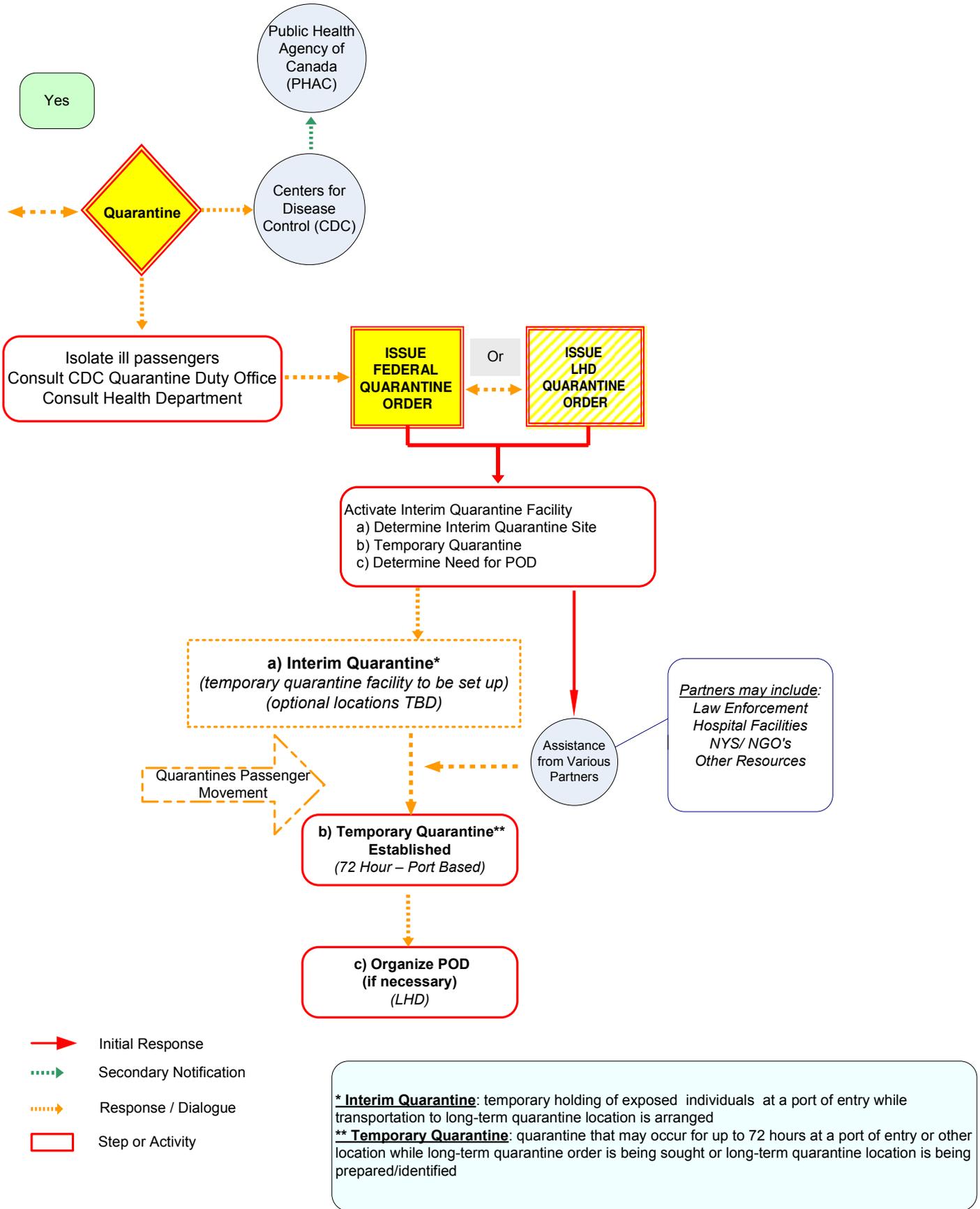
QUARANTINE STATION COMMUNICATIONS FLOWCHART - I



Roles and Function of the Various Agencies Involved		
Agency	Role	Function
CBP	Recognition	Notification
EMS / Hospital	Response	Medical Care
LHD	Evaluation	Operations
NYS DOH	Awareness	Notification & Support
CDC Quarantine	Guidance & Notification	Legal Authority

- Initial Response
- Secondary Notification
- Response / Dialogue
- Step or Activity

QUARANTINE STATION COMMUNICATIONS FLOWCHART - II





International Land Border Illness or Death Investigation Form
U.S. Centers for Disease Control and Prevention



QARS Unique ID #: _____

Section 1. Quarantine station notification

Type of notification: <input type="checkbox"/> Traveler illness <input type="checkbox"/> Traveler death		Date of initial notification: _____ <small>(mm / dd / yyyy)</small>	Time of initial notification: _____ : _____ <small>(hh : mm)</small>
Detection of travelers illness or death: <input type="checkbox"/> Detected on conveyance or at POE <input type="checkbox"/> Detected after departing POE <input type="checkbox"/> Detected while exiting US			
Port of Entry: (or city/region)		State:	Notified by: (name of person)
Notified by: (name of agency)		Phone:	Email:
Conveyance type: <input type="checkbox"/> Personal vehicle <input type="checkbox"/> Commercial/Cargo vehicle <input type="checkbox"/> Pedestrian/Bike <input type="checkbox"/> Ambulance <input type="checkbox"/> Train <input type="checkbox"/> Bus/Van			
Did illness occur en route? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If illness occurred en route, was quarantine station notified prior to arrival? <input type="checkbox"/> No <input type="checkbox"/> Yes	If illness occurred en route, was illness reported to another agency prior to arrival? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If yes, name of agency notified:

Section 2. Information on signs and symptoms of ill or deceased person

Brief history of present illness:

Signs, Symptoms, and Conditions (Check all that apply) :

<input type="checkbox"/> Fever ($\geq 100^{\circ}\text{F}$ or $\geq 37.8^{\circ}\text{C}$) OR recent history of fever Onset date: ____/____/____ If measured, maximum temperature: _____ $^{\circ}\text{F}/^{\circ}\text{C}$	<input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing / shortness of breath <input type="checkbox"/> Swollen glands <input type="checkbox"/> Severe vomiting <input type="checkbox"/> Severe diarrhea Onset date: ____/____/____ With blood: <input type="checkbox"/> No <input type="checkbox"/> Yes Number of times in past 24 hrs: _____ <input type="checkbox"/> Jaundice Onset date: ____/____/____	<input type="checkbox"/> Decreased consciousness <input type="checkbox"/> Recent onset of focal weakness and/or paralysis <input type="checkbox"/> Unusual bleeding Onset date: ____/____/____ <input type="checkbox"/> Obviously unwell <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Cluster of illnesses § Cluster number: _____
<input type="checkbox"/> Rash Onset date: ____/____/____ Where rash started: <input type="checkbox"/> Head <input type="checkbox"/> Trunk <input type="checkbox"/> Extremities Current distribution: <input type="checkbox"/> Head <input type="checkbox"/> Trunk <input type="checkbox"/> Extremities Appearance: <input type="checkbox"/> Red/flat <input type="checkbox"/> Red/raised <input type="checkbox"/> Fluid/Pus filled <input type="checkbox"/> Other: _____ Contact with someone with a rash/chicken pox/rubella in the last 3 weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> Conjunctivitis / eye redness <input type="checkbox"/> Headache <input type="checkbox"/> Neck stiffness	
<input type="checkbox"/> Persistent cough Onset date: ____/____/____ With blood: <input type="checkbox"/> No <input type="checkbox"/> Yes		

§Each ill or deceased person in the cluster should have a separate illness or death report which QARS will link to other ill and/or deceased persons in the cluster

Presumptive Diagnosis:

Disease of public health importance
 Condition of public health interest / Unknown, needs follow-up

OR

Condition not requiring public health follow-up:
 Affected system: Gastrointestinal Cardiovascular Musculoskeletal Neurologic Psychiatric Respiratory Genitourinary Dermatologic

If disease of public health importance or condition of public health interest, proceed to next section.
If condition not requiring public health follow-up, stop here.

Section 3. General information about the ill or deceased person

Paternal/Last name:	Maternal name:	First name:
Middle name:	Married name:	Aliases:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Type of traveler: <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> N/A
Border commuter: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Passport #:	Alien #:	Passport country:
Frequency of border crossing:	Legal status: <input type="checkbox"/> Immigrant <input type="checkbox"/> Resident Alien <input type="checkbox"/> Illegal Alien <input type="checkbox"/> US Citizen <input type="checkbox"/> Foreign Citizen <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Unknown	Visa type: <input type="checkbox"/> Student/Exchange <input type="checkbox"/> Temporary worker: agriculture <input type="checkbox"/> Business <input type="checkbox"/> Tourist (includes VFR) <input type="checkbox"/> Humanitarian Parole <input type="checkbox"/> Diplomatic <input type="checkbox"/> Temporary worker: skilled labor <input type="checkbox"/> Witness/Informant <input type="checkbox"/> N/A - no visa	
Date of birth: _____ (mm / dd / yyyy)	Age: <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	Country of birth:	
Home address:	City:	State/Province:	Country of residence:
ZIP/Postal code:	Home telephone number:	E-mail:	If visiting, total duration of US stay: <input type="checkbox"/> days <input type="checkbox"/> months <input type="checkbox"/> weeks <input type="checkbox"/> years
Contact in US - Address/hotel: <input type="checkbox"/> Same as above (home address)	Contact in US - City:	Contact in US - State/Province:	Contact phone in US: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Permanent number
Contact information: <input type="checkbox"/> None <input type="checkbox"/> Unknown	Emergency contact name:	Emergency contact relationship:	Emergency contact phone:
Section 4. Border Crossing Information			
Express lane? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Attempted entry outside an official POE? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Was the traveler coming from an airport? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
Make/Model/Year:	License plate #:	State issued:	Country issued:
Company owned? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify: _____	Rental? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify: _____
Did conveyance transport cargo? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify: _____		
Departure city & address: <input type="checkbox"/> Unknown	Departure date: _____ (mm / dd / yyyy)	Departure time: _____ (hh : mm)	
Destination city & address: <input type="checkbox"/> Unknown	Expected arrival date: _____ (mm / dd / yyyy)	Expected arrival time: _____ (hh : mm)	
Route information:			
From (City/Country)	To (City/Country)	Duration of stay	Significant stops
Segment 1: _____	_____	_____	_____
Segment 2: _____	_____	_____	_____
Segment 3: _____	_____	_____	_____
Section 5. Traveling companions and other contacts of ill or deceased person			
If traveling by conveyance, does anyone else on the conveyance have similar illness? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Number of traveling companions: _____	Are any traveling companions ill? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A (no companions)	
Number of driver(s): _____	Name of driver(s): 1. _____ 2. _____ 3. _____	Driver's license number(s): 1. _____ 2. _____ 3. _____	

Section 6. Exposure history of ill or deceased person

Occupation: _____

During **3 WEEKS** prior to date of illness onset, did traveler have contact with:

Other ill individuals?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, ill persons' diagnoses or description of illness: _____
Animals or birds? (e.g., visits to zoo, animal market, poultry farm, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, in which country did contact occur? _____ Describe nature of contact: _____
Other exposures? (e.g., chemical, powder, radiation, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, describe nature of contact: _____

Section 7. Vaccination, past illness, and treatment history of ill or deceased person

Does traveler have underlying conditions which may explain the symptoms:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If yes, describe: _____
Vaccination history (check all that apply):	<input type="checkbox"/> Measles <input type="checkbox"/> Varicella <input type="checkbox"/> Rubella <input type="checkbox"/> Pertussis <input type="checkbox"/> Mumps <input type="checkbox"/> Influenza, last received: ____/____/____ <input type="checkbox"/> Meningococcal <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B	(mm/yyyy)
Past illness history (check all that apply):	<input type="checkbox"/> Measles <input type="checkbox"/> Varicella <input type="checkbox"/> Rubella <input type="checkbox"/> Pertussis <input type="checkbox"/> Mumps	
Currently taking medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, indicate category(ies) of the medication(s) (check all that apply): <input type="checkbox"/> Antibiotic/antimicrobial <input type="checkbox"/> Fever reducing medication <input type="checkbox"/> Other
Treatment given prior to travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, indicate name of medication(s): 1. _____ 2. _____ 3. _____ 4. _____
Treatment given during travel, but before crossing the border?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, what was done and by whom? _____
Treatment given at POE?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, what was done and by whom? _____
Treatment given after crossing the border?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes, what was done and by whom? _____

Section 8. Disposition of ill or deceased person

Ill or deceased person was: (check all that apply)	<input type="checkbox"/> Advised to seek medical care <input type="checkbox"/> Transported to hospital <input type="checkbox"/> Detained by ICE/CBP – Detained at: _____ <input type="checkbox"/> Referred to: _____	<input type="checkbox"/> Released to continue travel <input type="checkbox"/> MOA activated	<input type="checkbox"/> EMS called <input type="checkbox"/> Isolated	<input type="checkbox"/> Refused entry <input type="checkbox"/> Deceased
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Section 9. Agencies contacted

(Agency type key: F = Federal, S = State, L = Local, P = Private, A = Airport, X = Foreign)

Contact name & title	Agency	Type	Phone	E-mail

Additional comments or findings:

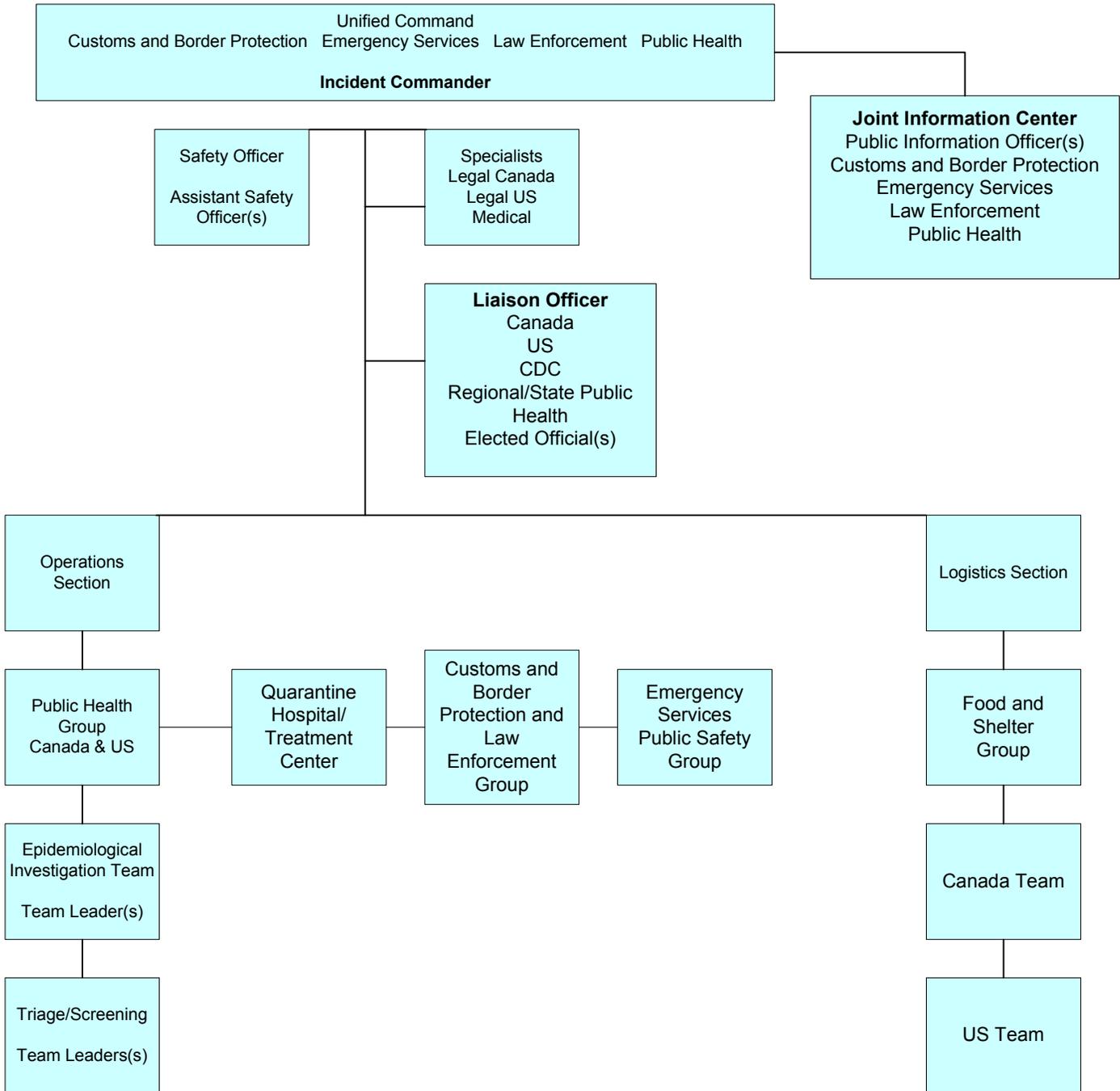
Investigation closed Date: _____

Public reporting burden of this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.

Version: 11/18/08

OMB Control No 0929-XXXX
Expiration Date: XX/XX/XXXX

APPENDIX IV ICS Border Public Health Event Organization Chart



APPENDIX V

Incident Command System Description: Possible Organizational Structure Using ICS for a Border Event in NYS Border County

Introduction

Border Event The following refers to the Border Public Health Organizational Chart and references the possible roles that could be used and the emergency partners/jurisdictions that could respond. This is an example of how the response could be organized. Some of these roles and/or partners/jurisdictions may or may not respond. Adjustments can be made accordingly. This was outlined for a Border County Health Department in New York State and Port of Entry in a NYS Border County. It may serve as a template for others.

ICS (Incident Command System) ICS is the emergency system required by the federal government in the United States for all emergency response agencies to use for emergencies. This allows for a universal “language” for all responders to use.

Is Modular and Scalable ICS is designed to be suitable for operations within a single jurisdiction or single agency, a single jurisdiction with multi-agency involvement, or multiple jurisdictions with multi-agency involvement.

ICS has a scalable organizational structure that is based on the size and complexity of the incident.

Modular Organization The incident command organizational structure develops in a top-down, modular fashion that is based on the size and complexity of the incident and the situation. When needed, separate functional elements (Operations, Planning, etc) can be established, each of which may be further subdivided to enhance internal organizational management and external coordination.

Responsibility for the establishment and expansion of the ICS organization ultimately rests with the Incident Commander (IC), who bases these on the requirements of the situation.

Border Event - The Incident Commander during a border event would be appointed by Customs and Border Protection.

Command Structure

Unified Command (UC) This is an important element in a multi-jurisdictional or multi-agency incident. It provides the structure to enable agencies with different legal, geographic, and functional responsibilities to coordinate, plan and interact effectively. As a team effort, UC overcomes much of the inefficiency and duplication of effort that can occur when agencies from different jurisdictions, states, countries, or levels of government operate without a common system or organizational framework.

The designated agency officials participating in the UC represent different legal authorities and functional areas of responsibility and use a collaborative process to establish incident plan with objectives.

Agencies heavily involved in the incident that lack jurisdictional responsibility are defined as supporting agencies and may be represented in the command structure as a Liaison Officer and coordinate on behalf of their parent agency.

An (lead) Incident Commander may still be assigned to promote greater unity of effort, efficiency and act to facilitate/coordinate the multiple jurisdictions. This person does not take away any of the authority under the unified command structure.

Border Event – Since a border event will be a multi-jurisdictional and multi-agency; it is recommended a UC be established with an Incident Commander assigned for greater unity of effort and efficiency.

The **Incident Commander** - (IC) The individual responsible for the overall management of the response is called the Incident Commander and is responsible for directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority.

The IC is responsible for all aspects of the response, including developing incident objectives and managing all incident operations. The IC sets priorities and defines the ICS organization for the particular response. Even if other positions are not assigned, the IC will always be designated.

The IC may assign deputies, who may be from the same agency, or from assisting agencies. Deputies may also be used at section and branch levels of the ICS organization. Deputies must have the same qualifications as the person for whom they work, as they must be ready to take over that position at any time.

The **Public Information Officer** - (PIO) is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations.

Usually, only one PIO will be assigned for each incident. The PIO may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions.

Border Event In a border event, it is likely that the media will eventually be involved so a PIO should be assigned initially. As the event grows and more agencies or jurisdictions are involved PIO assistants can be assigned. Eventually, establishing a **Joint Information Center** may be necessary.

Joint Information Center – (JIC) serves as a central control point to coordinate multi-agency and/or jurisdictions efforts to issue timely and accurate information to the public, news media, and the event responders.

Border Event If the event escalated with many response agencies and jurisdictions and continued for an extended period of time, many PIO/assistants would likely be involved and thus a Joint Information Center would be established.

Other Command Staff

All Officer Positions can use Assistants as needed.

The **Safety Officer** - (SO) function is to develop and recommend measures for assuring personnel safety, and to monitor and/or anticipate hazardous and unsafe situations. Only one SO will be assigned for each incident.

The **Liaison Officer** - (LO) Incidents that are multi-jurisdictional, or have several agencies involved, may require the establishment of the LO position on the Command Staff.

Only one LO will be assigned for each incident, including incidents operating under UC and multi-jurisdiction incidents. The LO may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions.

Border Event For a border event, Liaison Officer Assistants will likely be assigned representing the assisting agencies and jurisdictions.

Management Functions

Operations Section handles the response activities and the **Operations Section Chief** directly manages all incident response/tactical activities and implements the Incident Action Plan (IAP). The Operations Section Chief may have one or more deputies (preferably from other agencies in multi-jurisdictional incidents). Deputies will be qualified to a similar level as the Operations Section Chief. An Operations Section Chief should be designated for each operational period and will have direct involvement in the preparation of the IAP for the period of responsibility.

Border Event Operations will include a Public Health Group and two Teams, Epidemiology Investigative Team and Triage/Screening Team with each team having a Team Leader.

A well-established and trained **Epidemiologic Investigation Team** (Epi Team) strengthens the capacity of the local public health agency to respond to events. The responsibilities of this team include:

- Coordinating routine and non-routine disease surveillance activities;
- Conducting epidemiologic investigations;
- Gathering and analyzing information from investigations;
- Recommending appropriate public health interventions for disease control to the health director; and
- Educating the public about disease prevention and control measures.

Epi Team Roles

A diverse multidisciplinary composition is crucial to the success of an Epi Team. Epi Teams require expertise in the following: leadership, epidemiology, nursing, environmental health, preparedness planning, public information, health education, laboratory, administrative support, and information technology. Health department staff with the appropriate skills and training to fill these roles should be identified prior to an investigation. Depending on the investigation, staff with other areas of expertise may also be needed. Choose team members who are familiar with the day-to-day activities of your health department to facilitate a rapid and efficient response. During large events, outside assistance may be needed from community resources such as the local hospital, regional resources, state public health, and other sources. Table 1 contains examples of the key roles of an Epi Team, health department staff positions fulfilling each role, and respective activities performed during disease investigations. These may vary or change according to your health department needs, resources and the nature of the outbreak.

The **Triage/Screening Team Leader** and subordinates are in charge of sorting patients by the severity of injury or illness to determine the need and priority of emergency care and transportation. This needs to be a continuous process throughout the management of any incident. The initial triage process should begin immediately and needs to be continuously reevaluated since the patients' triage status may change (incident dependent).

Border Event – These teams will ideally be staffed with representatives from the local health department, and eventually also with Ontario/Quebec health representatives as well. It is extremely important the epidemiology and public health work occur together across jurisdictions.

Quarantine Hospital or Treatment Center – The Quarantine Hospital/Treatment Center will assess and work-up sick individuals sent from the border and will assist CDC Division of Global Migration and Quarantine. In said County, _____ is the designated hospital that has an agreement with Division of Global Migration and Quarantine for these purposes. Also, patients who require immediate or more advanced medical evaluation and/or care will be transported by ambulance to this facility. Each border should determine which hospital or possible treatment center will fulfill this role. This location may not have a formal agreement with CDC Division of Global Migration and Quarantine but could still assist with assessing and working patients who need the medical care.

The **Logistics Section** meets all support needs for the incident, including ordering resources through appropriate procurement authorities from off-incident locations. It also provides facilities, transportation, supplies, equipment maintenance and fueling, food service, communications, and medical services for incident personnel. The Logistics Section is led by a **Logistics Section Chief**, who may also have a deputy. Having a deputy is encouraged when all designated units are established at an incident site.

The ICS functions in a wide variety of incident scenarios that may require the use of **Technical Specialists** with special skills that are activated only when needed. Specialists may serve anywhere within the organization, to include the command staff. No minimum qualifications are prescribed as technical specialists:

- Normally perform the same duties during an incident that they perform in their everyday jobs.
- Are typically certified in their field or profession.

A **legal specialist** or legal counsel may be assigned directly to the command staff to advise the IC on legal matters such as emergency proclamations, legality of evacuation orders, and legal rights and restrictions around isolation and quarantine with the potential citizens from multiple countries.

APPENDIX VI

Job Action Sheet for Border Public Health Event

INCIDENT COMMAND SYSTEM
3/08

Responsibilities of All ICS Personnel (including Supervisors)

- Receive assignment.
- Wear ID (must have a valid photo ID)
- Report to designated location (Secure storage of items such as handbags is not available at job location.)
- Sign-in with Check-In/Out Recorder upon arrival (or at the beginning of ICS assignment each day) and obtain ICS ID Tag and Job Action Sheet.
- Review your entire Job Action Sheet & ICS Organization Chart.
- Report to supervisor and obtain and wear ICS Position Vest
- Obtain briefing and instructions from supervisor.
- During shift, observe all staff, volunteers and clients for signs of stress and inappropriate behavior. Report concerns to POD Counselor (when on-site) or Safety Officer.
- **AT THE END OF YOUR SHIFT RETURN** ICS Position Vest to supervisor
- **RETURN** ICS ID Tag to Check-In/Out Recorder and **SIGN OUT**.

Responsibilities of All ICS Supervisors:

- Obtain list of personnel who will report to you.
- Orient all staff reporting to you on current situation and provide training as needed
- Distribute ID vests & forms.
- Designate time for briefings
- Receive all forms from Supply Officer
- Use Runners as needed for delivering messages, obtaining supplies and other appropriate tasks.
- Collect ID vests from personnel at end of their shift
- Participate in Deactivation Phase as directed.

Position Assigned To: _____ (Supervisor)

Epidemiology Investigative Team (may or may not be on site)

Mission: Organize and analyze epidemiology event, report findings and determine further follow up needs. Summarize and report findings to public health representative at Unified Command.

1. Identify fellow team members and jurisdiction (public health Canada, US, etc.)
2. Define transmission method[s] & incubation period
3. Form case definition
4. Set PPE requirements; work with Safety Officer and coordinate for responder PPE requirements
5. Determine needed interview forms, use standard one or develop as needed.
6. Develop line list
7. Conduct statistical analysis based on exposure, risk, incidence of symptoms/disease, and collected data from screening time.
8. Confer with CDC Quarantine officials, local/regional, state, federal public health officials over known data/information and establish need for continued investigation, isolation and quarantine requirements.
9. Establish specifications for Isolation and Quarantine facility(ies); may include transfer to home state/site for home quarantine.
10. Consider use of CDC Quarantine's Risk-Based Border Strategy (RBBS) for compliant individuals who may be referred home for home quarantine. Refer these individuals to home public health officials for necessary follow up and compliance checks.
11. Develop/review and disseminate risk communication messages provider and/or contacts/case.
12. Determine decontamination protocol if needed.
13. Determine need to initiate contact tracing if suspected condition has been verified clinically as best as can at the time.
14. Communicate/report back to onsite command officials and home public health contacts at regular intervals.

<p><u>Responsibilities of All ICS Personnel</u> (including Supervisors)</p> <ul style="list-style-type: none"> • Receive assignment. • Wear ID (must have a valid photo ID) • Report to designated location (Secure storage of items such as handbags is not available at job location.) • Sign-in with Check-In/Out Recorder upon arrival (or at the beginning of ICS assignment each day) and obtain ICS ID Tag and Job Action Sheet. • Review your entire Job Action Sheet & ICS Organization Chart. • Report to supervisor and obtain and wear ICS Position Vest • Obtain briefing and instructions from supervisor. • During shift, observe all staff, volunteers and clients for signs of stress and inappropriate behavior. Report concerns to POD Counselor (when on-site) or Safety Officer. • <u>AT THE END OF YOUR SHIFT RETURN</u> ICS Position Vest to supervisor • <u>RETURN</u> ICS ID Tag to Check-In/Out Recorder and <u>SIGN OUT</u>. 	<p><u>Responsibilities of All ICS Supervisors:</u></p> <ul style="list-style-type: none"> • Obtain list of personnel who will report to you. • Orient all staff reporting to you on current situation and provide training as needed • Distribute ID vests & forms. • Designate time for briefings • Receive all forms from Supply Officer • Use Runners as needed for delivering messages, obtaining supplies and other appropriate tasks. • Collect ID vests from personnel at end of their shift • Participate in Deactivation Phase as directed.
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Position Assigned To: _____ (Supervisor)

Mission: Conduct epidemiology investigative interviews with contacts of communicable disease/syndrome. Triage and screen contacts as needed and report findings to investigative team for analysis and follow up. Organize and analyze epidemiology event, report findings and determine further follow up needs. Summarize and report findings to designated Epidemiology Investigative Team Leader.

Triage/Screening Team (possible location – working on bus)

1. Determine if any one has been transported to hospital or another site.
2. Conduct physical assessment screen [temp, respiratory symptoms, etc] based on suspected disease/syndrome.
3. Conduct interview for significant history and case finding (start line list)
4. Obtain lab spec as recommended/needed.
5. Establish isolation, quarantine areas and acute care transport
6. Document patient tracking/locator
7. Recommend special needs concerns [animals, pregnancy, pediatric, medical, dietary, language, etc]
8. Consult with specialists, medical/legal as needed.
9. Prepare preliminary assessment report/conclusion and report back to command and Epi-Investigation Team if formed (if not report back to home public health jurisdiction).
10. Identify next steps in investigation.