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U.S. Customs and Border Protection

MAY 21 2019

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

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

SUBJECT: Medical Guidance for U.S. Border Patrol Emergency Medical Technician Conduct of Medical Assessments

The January 2019 U.S. Customs and Border Protection (CBP) *Interim Enhanced Medical Efforts Directive* provides guidelines to conduct medical assessments on certain persons in CBP custody. These assessments by medical personnel may include, in urgent circumstances, U.S. Border Patrol (USBP) Emergency Medical Services (EMS).

The attached document provides guidance for instances where an operational decision has been made to have USBP EMS personnel conduct medical assessments, including on juveniles. This medical guidance and direction are provided under the authority of the CBP Senior Medical Advisor (b)(6) (b)(7)(C) Personnel using this guidance will be working under and covered by his medical direction.

The attached document must be disseminated to your EMS personnel.

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

Medical Assessments of Juveniles and Adults in CBP Custody
Medical Direction and Guidance for CBP EMTs

This document provides medical direction and guidance on conducting medical assessments of adults and juveniles in U.S. Customs and Border Protection (CBP) custody by CBP Emergency Medical Technicians (EMTs) and paramedics. The CBP Senior Medical Advisor (SMA) developed this guidance, with concurrence from the U.S. Border Patrol (USBP), Office of Field Operations (OFO), and Air and Marine Operations (AMO) operational leadership.

NOTE: This does not constitute operational direction or direction to conduct medical assessments, which is the purview of the relevant component operational leadership.

This document also provides specific, technical guidance to conduct juvenile medical assessments since juveniles have unique considerations. For purposes of this document, a juvenile is any person under the age of eighteen.

Background: In light of the increased numbers of family units and unaccompanied juveniles in CBP custody, the agency is enhancing medical support efforts for those individuals. CBP is increasing the presence of contracted medical providers at priority locations along the Southwest Border.

As medical support resources become available:

- CBP is increasing the initial health interviews being conducted by agents/officers and developing a standardized health interview questionnaire.
- CBP is increasing the medical assessments being conducted by medical personnel on all juveniles (and adults with positive responses on health interviews).
- In general, medical assessments are intended to be conducted by contracted medical providers, interagency medical support teams or the local health system. In certain circumstances, as determined by the relevant operational leadership, CBP EMTs may be directed to perform medical assessments.

Medical Assessments: Medical assessments (adult or juvenile) identify potentially urgent or emergent medical conditions that require activation of 911/EMS or transport/referral to the local health system prior to continuing the processing.

Health interviews and medical assessments are not screenings. CBP does not conduct formal medical screenings. However, for general consideration, health interviews could be considered similar to primary medical screenings and medical assessments could be considered similar to secondary medical screenings.

Juvenile medical assessments require specific technical considerations, which are discussed in the Technical Medical Guidance for Conducting Juvenile Medical Assessments section.

Documentation: Medical assessments, conducted by CBP EMTs, will be documented on local Patient Care Reports (PCRs) or electronic PCRs (ePCRs).

- The CBP SMA is developing a standardized medical assessment form.
- As the ePCR capability becomes available, it will be utilized.
- CBP medical assessments conducted by on-site medical personnel contracted by CBP or other medical personnel will be documented using the existing forms/processes.

Medical Direction: Medical assessments conducted by the CBP EMTs are consistent with the Department of Homeland Security (DHS) EMS protocols and fall under the medical direction of the CBP SMA. For direct, local or on-line medical direction, CBP EMTs may consult local physician advisors, local health systems' 911/EMS or the DHS duty medical officers.

Medical Liability: Medical assessments conducted by CBP agents/officers certified as EMTs are considered part of their Federal duties, when conducted under the appropriate medical direction. As such, the conduct of such medical assessments will be subject to the same Federal liability protections as any appropriate EMT related activity.

Privacy: CBP is not a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, but general privacy considerations under the Privacy Act and CBP privacy policies apply. Medical information and documentation related to detainees' medical assessments may be shared with law enforcement and medical personnel, as appropriate, for law enforcement or medical purposes.

Refusal of Care/Against Medical Advice: Juveniles in CBP custody may not refuse 1) medical care if immediate medical care is required for life or safety, 2) medical assessment or 3) referral to a higher level of care if warranted based on a medical assessment or CBP personnel judgement. Adults in CBP custody may refuse care on-site, but they may not refuse transport to a medical facility. Any juvenile or adult determined to require medical care or assessment would be transported to a medical facility for determination of refusal of care, including if a parent refuses care for a child.

Technical Medical Guidance for Conducting Juvenile Medical Assessments:

In general, CBP EMTs should err on the side of caution if directed to conduct juvenile medical assessments. At any time, if there is any concern about urgent or emergent illness or injury, the EMT should activate 911/EMS or transport/refer the juvenile to the local health system. Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury and a lower threshold for referral.

The medical assessment should consist of the following:

- Temperature and other vital signs such as pulse/heart rate, respiratory rate, blood pressure, if possible, and pulse oximetry if possible;

NOTE: Normal vital signs vary widely by age (see Figure 1, General Vital Signs and Guidelines.)

- Medical history/chief complaint/review of appropriate systems including history from juvenile AND parent or accompanying adult(s) as available;
- Targeted physical examination based on history;
- Assessment/plan; and
- Disposition (See section below).

Age	Heart Rate (beats/min)	Blood Pressure (mmHg)	Respiratory Rate (breaths/min)
Premature	110-170	SBP 55-75 DBP 35-45	40-70
0-3 months	110-160	SBP 65-85 DBP 45-55	35-55
3-6 months	110-160	SBP 70-90 DBP 50-65	30-45
6-12 months	90-160	SBP 80-100 DBP 55-65	22-38
1-3 years	80-150	SBP 90-105 DBP 55-70	22-30
3-6 years	70-120	SBP 95-110 DBP 60-75	20-24
6-12 years	60-110	SBP 100-120 DBP 60-75	16-22
> 12 years	60-100	SBP 110-135 DBP 65-85	12-20

Figure 1: General Vital Signs and Guidelines

Disposition: There are three possible dispositions:

- The juvenile is determined to require treatment on-site and/or immediate activation of 911/EMS to initiate care and transition to standard EMT call/patient encounter. Document as patient care encounter in PCR.
- The juvenile is determined to have potential illness or injury. Refer to the higher level of care for further evaluation (See the Referral for Significant Findings section).
- The juvenile is determined NOT to have an illness or injury. Return to CBP processing and/or holding (see Continue Processing section).

Referral for Significant Findings: Any juvenile with any significant subjective or objective signs, symptoms or physical findings of potential injury or illness will be referred to a higher level of care, as appropriate. This includes paramedics, on-site CBP contract medical support personnel, interagency medical support team, 911/EMS or nearest emergency department for further evaluation or disposition. Examples of significant findings warranting referral to a higher level of care include, but not limited to, the following:

- Fever with a temperature greater than 100.4 degrees Fahrenheit (regardless of measurement device) or reliable history of feverishness within past 3 days;
- Other abnormal vital signs;
- Abnormal physical examination;
- Apparent physical injury;

- History of significant illness without proper/current treatment or medications;
- Signs or symptoms of dehydration or malnourishment;
- Disorientation/confusion/altered mental status;
- Muscle weakness or paralysis;
- Cough or difficulty breathing;
- Nausea/vomiting/diarrhea;
- Any indication of potential harm to self or others;
- Any indication of a communicable illness;
- Unusual rash; or
- Patient or guardian expresses concerns about medical illness or injury.

Continue Processing: If no significant findings of medical illness/injury are found, the juvenile may continue processing and holding. This is NOT considered termination of care, as no care was determined to be required. CBP EMTs will not provide medical clearance/fitness for travel determination. If a medical issue is identified that requires medical clearance/fitness for travel determination, then the juvenile will be referred to a higher level of care. On-site CBP contract medical support personnel may provide medical clearance/fitness for travel determination, as appropriate.

Signs and Symptoms of Dehydration: Figure 2 lists the signs and symptoms of dehydration.

	Mild Dehydration	Moderate Dehydration	Severe Dehydration
Heart Rate	Normal	Slight increase	Significant tachycardia
Capillary refill	Normal	Around 2 seconds	>3 seconds
Peripheral pulses	Normal	Slightly decreased	Difficult to palpate
Urine output	Normal	Decreased	Little or none
Fontanelle	Flat	Soft	Sunken
Eyes	Normal	Normal	Sunken
Mucus membranes	Normal	Dry	Extremely dry
Tear production	Normal	Diminished	No tears

Figure 2: Signs and Symptoms of Dehydration

Signs and Symptoms of Compensated and Decompensated Shock in Children

Figure 3 shows the signs and symptoms of compensated and decompensated shock in children.

Normal Circulation	Compensated shock	Decompensated / Hypotensive shock
Clear consciousness	Clear consciousness – shock can be missed if you do not touch the patient	Change of mental state – restless, combative or lethargy
Brisk capillary refill time (<2 sec)	Prolonged capillary refill time (>2 sec)	Mottled skin, very prolonged capillary refill time
Warm and pink extremities	Cool extremities	Cold, clammy extremities
Good volume peripheral pulses	Weak & thready peripheral pulses	Feeble or absent peripheral pulses
Normal heart rate for age	Tachycardia	Severe tachycardia with bradycardia in late shock
Normal blood pressure for age	Normal systolic pressure with raised diastolic pressure Postural hypotension	Hypotension/unrecordable BP
Normal pulse pressure for age	Narrowing pulse pressure	Narrowed pulse pressure (<20 mmHg)
Normal respiratory rate for age	Tachypnoea	Metabolic acidosis/ hyperpnoea/ Kussmaul's breathing
Normal urine output	Reduced urine output	Oliguria or anuria

Figure 3: Signs and Symptoms of Compensated and Decompensated Shock in Children

Pediatric Assessment Triangle

The three components of the assessment triangle are Appearance, Work of Breathing, and Circulation, as shown in Figure 4 and described below.

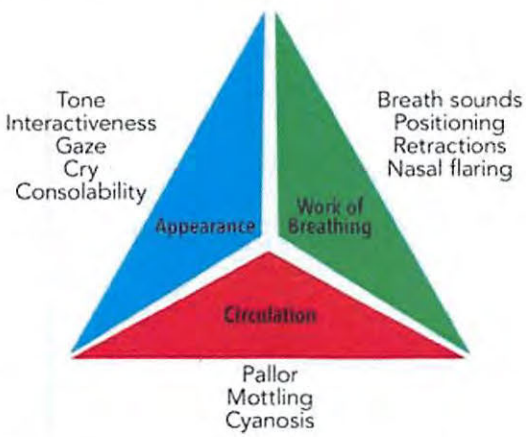

Figure 4: Pediatric Assessment Triangle

Appearance:

- What is the child's mental status? Ask the parent if their child is behaving normally.
- Does the child interact with you appropriately?
- Does the child have good muscle tone or do they appear to be weak and lethargic?

Work of Breathing:

- How well is the child breathing?
- What is their respiratory rate and effort?

Circulation:

- Does the child's skin color look normal?
- Is it dry and pale or hot and flushed?