

**IN THE UNITED STATES DISTRICT COURT
OR THE EASTERN DISTRICT OF LOUISIANA**

TATALU HELEN DADA, ET AL.

CASE NO. 20-1093

vs.

SECT. T(4)

**DIANNE WITTE, in her official capacity
as Interim New Orleans Field Office
Director, U.S. Immigration and Customs
Enforcement, ET AL.**

**Judge Guidry
Mag. Roby**

**DECLARATION OF MICHAEL NELSON, ASSISTANT FIELD OFFICE DIRECTOR,
NEW ORLEANS FIELD OFFICE**

I, Michael Nelson, hereby make the following declaration with respect to the above-captioned matter:

1. I am the Assistant Field Office Director, New Orleans Field Office, employed by the U.S. Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO). In this capacity, I manage ERO personnel and provide oversight over ERO operations in Alabama, including the Etowah County Detention Center (Etowah), Gadsden, Alabama. In an acting capacity, I also provide oversight over a number of detention facilities within the New Orleans Field Office, including the LaSalle ICE Processing Center (LIPC), Jena, Louisiana, the Richwood Correctional Center (Richwood), Richwood, Louisiana, the Winn Correctional Center (Winn), Winnfield, Louisiana, and the Adams County Detention Center (ACDC), Natchez, Mississippi. I have been employed by the former Immigration and Naturalization Service (INS) and ICE since 2002.

2. This declaration is based upon knowledge and information obtained from various records and systems maintained by DHS in the regular course of business. I provide this declaration based

on the best of my knowledge, information, belief, and reasonable inquiry for the above captioned case.

3. ICE is charged with removing aliens who lack lawful immigration status in the United States. Detention is an important and necessary part of immigration enforcement. ICE detains people to secure their presence both for immigration proceedings and their removal, with a special focus on those who represent a risk to public safety, or for whom detention is mandatory by law.

4. The LIPC is a private detention center run by The GEO Group, Inc. (GEO). GEO is an independent contractor that provides the facility, management, personnel and services for the 24-hour supervision of the immigrant detainees in ICE custody at the LIPC.

5. Medical care at the LIPC is overseen by the ICE Health Services Corps (IHSC), which provides medical services through the combination of U.S. Public Health Service Commissioned Corps (USPHS) officers, federal civil servants, and contract health professionals.

6. The LIPC has the capacity to house 1,335 detainees. As of today, there are 1,094 detainees housed at the facility.

7. Richwood is a private detention center run by Lasalle Corrections Corporation (LCC). LCC is an independent contractor that provides the facility, management, personnel and services for the 24-hour supervision of the immigrant detainees in ICE custody at Richwood.

8. Medical care at Richwood is provided by contract medical professionals employed by LCC.

9. Richwood has the capacity to house 1,000 detainees. As of today, there are 237 detainees housed at the facility.

10. Winn is a private detention center run by LCC. LCC is an independent contractor that provides the facility, management, personnel and services for the 24-hour supervision of the immigrant detainees in ICE custody at Richwood.

11. Medical care at Winn is provided by contract medical professionals employed by LCC.

12. Winn has the capacity to house 1,900 detainees. As of today, there are 942 detainees housed at the facility.

13. ACDC is a private detention center run by Core Civic Corrections (CCC). CCC is an independent contractor that provides the facility, management, personnel and services for the 24-hour supervision of the immigrant detainees in ICE custody at ACDC.

14. Medical care at ACDC is provided by contract medical professionals employed by CCC.

15. ACDC has the capacity to house 2,300 detainees. As of today, there are 953 detainees housed at the facility.

16. Etowah is a county detention center run by the Etowah County Sheriff's Office (ECISO). ECISO is a law enforcement agency that provides the facility, management, personnel and services for the 24-hour supervision of the immigrant detainees in ICE custody at Etowah.

17. Medical care at Etowah is provided by medical professionals employed by ECISO.

18. Etowah has the capacity to house 320 detainees. As of today, there are 113 detainees housed at the facility.

19. To provide context for the reasons why each of the 17 named Plaintiffs are in custody, ICE conducted a preliminary review of their case histories and each follows.

20. Talatu Helen Dada is a 40-year-old native and citizen of Nigeria who is detained at the LaSalle ICE Processing Center. She entered the United States on July 13, 2014, as a non-immigrant B2 visitor. Her status was adjusted to that of a conditional lawful permanent resident on October

15, 2014. Her petition to remove the conditions of residency was denied on November 14, 2017, resulting in the termination of her conditional residency. On June 2, 2018, ERO New Orleans arrested Dada at the Ouachita Parish Correctional Center in Monroe, Louisiana. On June 2, 2018, she was issued a Notice to Appear in immigration court, charging removability pursuant to section 237(a)(1)(D)(i) of the Immigration and Nationality Act (Act). On that same date, Dada entered ICE custody. On November 14, 2018, an immigration judge in Jena, Louisiana ordered Dada removed from the United States. Dada reserved appeal. On December 11, 2018, ICE remanded custody of Dada to the United States Marshal Service (USMS). On April 29, 2019, the Board of Immigration Appeals remanded Dada's case to the immigration court. On May 21, 2019, Dada was convicted in the United States District Court, Western District of Louisiana, for Conspiracy to Defraud the United States to Obtain Immigration Status, False Statements in Connection with Immigration Documents, and Mail Fraud with Forfeiture Allegations. Dada was sentenced to six months incarceration. On June 14, 2019, the USMS remanded custody of Dada to ICE to continue her immigration proceedings. Her next hearing in immigration court is set for April 8, 2020.

21. Griselda Delbosque is a 57-year-old native and citizen of Mexico who is detained at LaSalle ICE Processing Center. On February 4, 1969, Delbosque was admitted into the United States as a lawful permanent resident. On January 18, 2006, she was convicted in the United States District Court, Northern District of Texas, of Conspiracy to Possess with the Intent to Distribute a Controlled Substance. She was sentenced to 235 months imprisonment. On October 25, 2019, ERO New Orleans encountered Delbosque at the Federal Correctional Institute (FCI), Aliceville, Alabama. She was determined to be removable pursuant to section 237(a)(2)(A)(iii) of the Act. On December 4, 2019, an ICE detainer was lodged. On December 19, 2019, Delbosque was issued a Notice to Appear in immigration court. On January 3, 2020, ICE took Delbosque into custody

and her case was referred to an immigration judge. Her next hearing in immigration court is set for April 14, 2020.

22. Suresh Kumar is a 37-year-old native and citizen of India who is detained at the LaSalle ICE Processing Center. He entered the United States on unknown date and at an unknown place. On December 25, 2018, the United States Border Patrol (USBP) encountered Kumar at Sam Ysidro, California. He was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On January 2, 2019, ICE took Kumar into custody. On January 23, 2019, Kumar was issued a Notice to Appear in immigration court. On July 11, 2019, the immigration judge ordered Kumar removed to India. Kumar reserved appeal. On December 23, 2019, Kumar filed an appeal with the Board of Immigration Appeals which is currently pending.

23. Nadira Sampath-Grant is a 52-year-old native and citizen of Trinidad and Tobago who is detained at LaSalle ICE Processing Center. On November 27, 2001, Sampath was admitted into the United States as a temporary visitor for pleasure. On January 17, 2008, her status was adjusted to that of a lawful permanent resident. On July 27, 2018, Sampath was convicted in the United States District Court, Southern District of Florida, of Conspiracy to Dispense and Distribute Oxycodone. She was sentence to 18 months imprisonment. On February 19, 2019, ERO New Orleans encountered Sampath at FCI Aliceville. She was determined to be removable pursuant to section 237(a)(2)(A)(iii) of the Act and issued a Notice to Appear in immigration court. An ICE detainer was lodged. On July 8, 2019, Sampath's cases was referred to an immigration judge in Jena, Louisiana. On November 5, 2019, ICE took Sampath into custody. On January 8, 2020, the immigration judge ordered Sampath removed to Trinidad and Tobago. ERO New Orleans is attempting to obtain travel documents to remove Sampath.

24. Matilde Flores De Saavedra is a 78-year-old native and citizen of Mexico who is detained at the LaSalle ICE Processing Center. She entered the United States on an unknown date and location without inspection by an immigration officer. On June 15, 1981, her status was adjusted to that of a lawful permanent resident. On October 19, 2018, she was convicted in the United States District Court, Southern District of Texas, for Conspiracy to Transport Undocumented Aliens. She was sentenced to eight months incarceration. On January 18, 2019, ERO New Orleans encountered Flores at FCI Aliceville. She was issued a Notice to Appear in immigration court, charging removability pursuant to section 237(a)(2)(A)(iii) of the Act. On June 28, 2019, Flores entered ICE custody. Her next hearing before an immigration judge is on April 6, 2020.

25. Pardeep Kumar is a 28-year-old native and citizen of India who is detained at the LaSalle ICE Processing Center. On January 1, 2019, the USBP encountered Kumar near Calexico, California and determined him to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act. On January 2, 2019, the USBP issued Kumar an Expedited Removal order. Kumar was later issued a Notice to Appear in immigration court. On January 3, 2019, ERO New Orleans took Kumar into ICE custody. On November 15, 2019, an immigration judge ordered Kumar removed to India. On December 9, Kumar appealed the decision of the immigration judge to the Board of Immigration Appeals. The appeal is currently pending.

26. Rosabel Carrera is a 59-year-old native and citizen of Mexico who is detained at the LaSalle ICE Processing Center. Carrera entered the United States at an unknown place and on an unknown date without inspection. On November 28, 2017, she was convicted in the U.S. District Court, Western District of Texas, Conspiracy to Transport Illegal Aliens. She was sentenced to 46 months imprisonment. On May 30, 2018, ERO New Orleans encountered Carrera at FCI Aliceville and determined her to be inadmissible pursuant to Section 212(a)(2)(A)(i)(I) of the Act.

On August 23, 2018, ERO New Orleans issued Carrera a Notice to Appear in immigration court. On March 1, 2019, ERO New Orleans took Carrera into ICE custody. On August 30, 2019, an immigration judge terminated proceedings. DHS appealed the decision and on February 6, 2020, the Board of Immigration Appeals sustained the appeal and remanded the case to immigration judge for further proceedings. Carrera's next hearing before an immigration judge is scheduled for April 7, 2020.

27. Sonia Lemus-De Jasso is a 53-year-old native and citizen of Guatemala who is detained at the LaSalle ICE Processing Center. On August 18, 1989, Lemus was admitted to the United States at Miami as lawful permanent resident. On April 16, 2018, she was convicted in the United States District Court, Southern District of Texas, of Harboring an Alien within the United States for Private Gain. She was sentenced to 24 months imprisonment. On August 22, 2018, ERO New Orleans encountered Lemus at FCI Aliceville and determined her to be removable pursuant to Section 237(a)(2)(A)(iii) on the Act. On April 16, 2019, ERO New Orleans issued Lemus a Notice to Appear in immigration court. On December 18, 2019, an immigration judge ordered Lemus removed to Guatemala. On December 27, 2019, ERO New Orleans took Lemus into ICE custody. On February 4, 2020, Lemus appealed the decision of the immigration judge to the Board of Immigration Appeals. That appeal is currently pending.

28. Antonio Lopez-Agustin is a 36-year-old native and citizen of Mexico who is detained at Richwood. He was encountered by ICE on August 7, 2019, at his place of work, and determined to be removable pursuant to Section 212(a)(6)(A)(i) of the Act. Lopez was issued a Notice to Appear in immigration court. On August 8, 2019, ICE took Lopez into custody. On March 11, 2020, the Immigration Judge ordered Lopez removed to Mexico. On March 18, 2020, Lopez filed an appeal with the Board of Immigration Appeals. This appeal is currently pending.

29. Diego Carrillo-Och is a 64-year-old native and citizen of Guatemala who is detained at Richwood. He was encountered by the USBP on May 23, 2013, shortly after he had illegally crossed into the United States from Mexico. He was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On May 23, 2013, ICE took Carrillo into custody. On June 20, 2013, Carrillo was issued a Notice to Appear in immigration court. On June 27, 2013, Carrillo was released from ICE custody on an Order of Recognizance. He was encountered by ICE on August 7, 2019, at his place of work, and determined to be amenable to removal. On August 8, 2019, ICE took Lopez into custody. On March 30, 2020, an immigration judge ordered Lopez removed to Guatemala. Lopez waived his appeal.

30. Sigous Asgari is a 59-year-old native and citizen of Iran who is detained at Winn. On June 21, 2017, he was paroled into the United States for prosecution at JFK Airport in New York. On the same date, Asgari was charged in the United States District Court, Northern District of Ohio, with Fraud, Wire Fraud, and Property Crimes. Asgari's criminal case was dismissed and he was returned to ICE custody on November 15, 2019. November 26, 2019, Asgari was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. He was scheduled to be removed on March 10, 2020, but the flight was cancelled. He was again scheduled for removal on April 1, 2020, but that removal was cancelled due to COVID-19 restrictions. Asgari is scheduled to return to Cleveland ERO on April 6, 2020, where he will be scheduled for a parole interview.

31. Alex Giovanni Hernandez is a 48-year-old native and citizen of Honduras who is detained at Etowah. On September 29, 2016, Hernandez was encountered by ERO Fresno, California at the Corcoran, California State Prison. Hernandez was processed as an Administrative Removal

under Section 238(b) of the Act for having committed an aggravated felony under Section 237(a)(2)(A)(iii) of the Act. He was serving a 25-year prison term at the time of encounter. Hernandez's case was referred to the immigration court and on June 19, 2017, an immigration judge in San Francisco granted Hernandez relief from removal. On July 6, 2017, Hernandez and DHS appealed that decision to the Board of Immigration Appeals. On November 24, 2017, the Board of Immigration Appeals dismissed Hernandez's appeal and sustained the appeal of the DHS, effectively ordering Mr. Hernandez removed to Honduras. On December 14, 2017, Hernandez filed a Petition for Review in the Ninth Circuit Court of Appeals, resulting in an automatic Stay of Removal (No. 17-73332). This case is currently pending. On December 20, 2018, Hernandez transferred to Etowah. On January 9, 2019, Hernandez filed a Petition for Writ of Habeas Corpus (No. 4:19-cv-00853) with the United States District Court, Northern District of Alabama. On May 22, 2019, the District Court dismissed that Petition. On January 23, 2020, Hernandez filed a Petition for Writ of Habeas Corpus (No. 4:20-cv-00112) with the United States District Court, Northern District of Alabama. The Petition is still pending. Hernandez has the following criminal convictions: On December 17, 1990, the Superior Court in Los Angeles convicted Hernandez of Robbery in the Second Degree. He was sentenced to two years of confinement. On November 19, 1991, the Superior Court in Los Angeles convicted Mr. Hernandez of Felon in Possession of a Firearm. He was sentenced to two years of confinement. On October 28, 1997, the Superior Court in Los Angeles convicted Mr. Hernandez of Robbery in the second Degree and Possession of a Firearm by a Felon. He was sentenced to 25 years of confinement.

32. Edilia Del Carmen Martinez-Granados is a 52-year-old native and citizen of El Salvador who is detained at the ACDC. She applied for admission into the United States on June 16, 2019

at the Hidalgo, Texas Port of Entry. She was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On June 22, 2019, ICE took Martinez into custody. On July 22, 2019, Martinez was issued a Notice to Appear in immigration court. Her next scheduled immigration court hearing is on May 4, 2020.

33. Jose Ruben Lira-Arias is a 46-year-old male native and citizen of Venezuela who is detained at the ACDC. On December 26, 2019, the USBP encountered Lira near Lukeville, Arizona. He was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On December 28, 2019, ICE took Lira into custody. On February 7, 2020, Lira was issued a Notice to Appear in immigration court. His next scheduled immigration court hearing is on April 7, 2020.

34. Leyanis Tamayo-Espinosa is a 46-year-old native and citizen of Cuba who is detained at the ACDC. She applied for admission into the United States on September 4, 2019 at the Del Rio, Texas International Bridge Port of Entry. She was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On September 6, 2019, ICE took Tamayo into custody. On September 13, 2019, Tamayo was issued a Notice to Appear in immigration court. Her next scheduled immigration court hearing is on May 1, 2020.

35. Viankis Maria Yanes-Pardillo is a 49-year-old native and citizen of Cuba who is detained at the ACDC. She applied for admission into the United States on August 31, 2019 at the Del Rio, Texas International Bridge Port of Entry. She was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On September 2, 2019, ICE took Tamayo into custody. On September 10, 2019, Tamayo was issued a Notice to Appear in immigration court. Her next scheduled immigration court hearing is on April 24, 2020.

36. Arnaldo Alexis Mujica-Rangel is a 62-year old native and citizen of Venezuela who is detained at the ACDC. He applied for admission into the United States on March 10, 2019 at the Hidalgo, Texas Port of Entry. He was determined to be inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the Act and issued an Expedited Removal order. On March 12, 2019, ICE took Mujica into custody. On March 25, 2020, Mujica was issued a Notice to Appear in immigration court. On September 26, 2019, the immigration judge ordered Mujica removed to Venezuela. On October 25, 2019, Mujica filed an appeal with the Board of Immigration Appeals. On February 12, 2020, the Board of Immigration Appeals dismissed the appeal. Mujica's case is being reviewed for release on an Order of Supervision.

37. As of today, there are no confirmed cases of COVID-19 among the detainee population or staff in the above-listed facilities.

38. ICE is taking important steps to further safeguard those in its care. As a precautionary measure, ICE has temporarily suspended social visitation in all detention facilities.

39. Currently, the CDC advises self-monitoring at home for people in the community who meet epidemiologic risk criteria, and who do not have fever or symptoms of respiratory illness. In detention settings, cohorting serves as an alternative to self-monitoring at home. *See attached IHCS Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, Custody-Settings, updated March 11, 2020.*

40. Comprehensive protocols are in place for the protection of staff and patients, including the appropriate use of personal protective equipment (PPE), in accordance with CDC guidance. ICE has maintained a pandemic workforce protection plan since February 2014, which was last updated in May 2017. This plan provides specific guidance for biological threats such as

COVID-19. ICE instituted applicable parts of the plan in January 2020 upon the discovery of the potential threat of COVID-19. The ICE Occupational Safety and Health Office is in contact with relevant offices within the Department of Homeland Security, and in January 2020, the DHS Workforce Safety and Health Division provided DHS components additional guidance to address assumed risks and interim workplace controls. This includes the use of N95 masks, available respirators, and additional PPE.

41. ICE instituted screening guidance for new detainees who arrive at facilities to identify those who meet CDC's criteria for epidemiologic risk of exposure to COVID-19. IHSC isolates detainees with fever and/or respiratory symptoms who meet these criteria and observe them for a specified time period. IHSC staff consult with the local health department, as appropriate, to assess the need for testing. Detainees without fever or respiratory symptoms who meet epidemiologic risk criteria are monitored for 14 days.

42. Detainees who meet CDC criteria for epidemiologic risk of exposure to COVID-19 are housed separately from the general population. ICE places detainees with fever and/or respiratory symptoms in a single medical housing room, or in a medical airborne infection isolation room specifically designed to contain biological agents, such as COVID-19. This prevents the spread of the agent to other individuals and the general public. ICE transports individuals with moderate to severe symptoms, or those who require higher levels of care or monitoring, to appropriate hospitals with expertise in high-risk care. Detainees who do not have fever or symptoms, but meet CDC criteria for epidemiologic risk, are housed separately in a single cell, or as a group, depending on available space.

43. ICE reviews CDC guidance daily and continues to update protocols to remain consistent with CDC guidance.

44. ICE provides detainees with soap for the shower and hand soap for sink handwashing. ICE also provides soap and paper towels that are present in bathrooms and work areas within the facilities. Everyday cleaning supplies such as soap dispensers and paper towels are routinely checked and are available for use. Detainees are encouraged to communicate with local staff when additional hygiene supplies or products are needed.

45. ICE has reviewed its “at risk population” to include the elderly, pregnant detainees, and others with compromised immune systems to ensure that detention is appropriate given the circumstances. Custody determinations are made on a case-by-case basis at each detention facility and include, among other factors, the public safety risk that such release could create and the requirement to detain certain aliens under law. *See* Section 236 of Act, 8 U.S.C. §

1226. ICE will continue to review its “at risk population” in the days and weeks ahead when deciding whether any detainees should be released from custody.

Pursuant 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 3rd day of April, 2020,

MICHAEL NELSON
Assistant Field Office Director
U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Birmingham, AL

IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

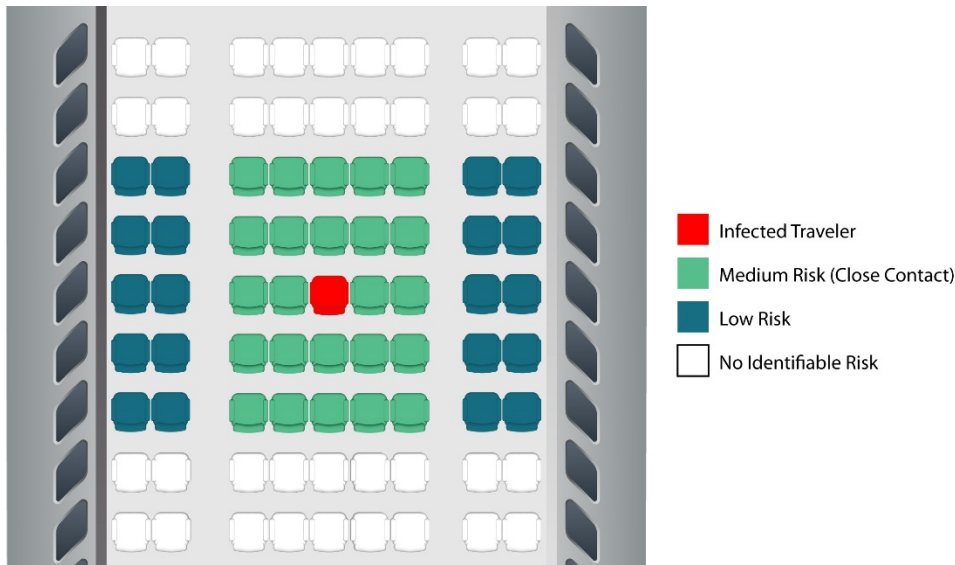
Updated March 11, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
<p>High risk</p>	<ul style="list-style-type: none"> • Travel from Hubei Province, China or Iran 	<ul style="list-style-type: none"> • Travel from or through Hubei Province, China or Iran
	<ul style="list-style-type: none"> • Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for home care and home isolation 	<ul style="list-style-type: none"> • Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with symptomatic laboratory-confirmed COVID-19
<p>Medium risk (assumes not having any exposures in the high-risk category)</p>	<ul style="list-style-type: none"> • Travel from a country with widespread sustained transmission, other than Hubei Province, China or Iran • Travel from a country with sustained community transmission 	<ul style="list-style-type: none"> • Travel from or through international area(s) with sustained community transmission* in the past 14 days other than Hubei Province, China or Iran <p>*Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html</p>

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
	<ul style="list-style-type: none"> • Close contact with a person with symptomatic laboratory-confirmed COVID-19 • On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction • Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for home care and home isolation 	<ul style="list-style-type: none"> • Close contact² with a person with symptomatic laboratory-confirmed COVID-19) • On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19; this distance correlates approximately with 2 rows or 2 seats in each direction • Housing in the same unit as a person with symptomatic laboratory-confirmed COVID-19 but not in the same 2–4- person cell and not sleeping with head position within 6 feet of a person with symptomatic laboratory-confirmed COVID-19
<p>Low risk</p> <p>(assumes not having any exposures in the high- or medium risk categories)</p>	<ul style="list-style-type: none"> • Travel from or through any other country • Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact • On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic) 	<ul style="list-style-type: none"> • Travel from or through any other country • Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact² • On an aircraft, bus, or van being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) (refer to graphic)

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with symptomatic laboratory-confirmed COVID-19 or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an asymptomatic person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases](#)

²**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated March 11, 2020

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
<p>SYMPTOMATIC [refer also to 2019 Novel Coronavirus Resource Page]</p>		
<p>High risk</p>	<ul style="list-style-type: none"> • Immediate isolation with consideration of public health orders • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC’s PUI definition • If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask. 	<ul style="list-style-type: none"> • ISOLATION • Promptly place a surgical mask over the patient’s face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
<p>Medium risk</p>	<ul style="list-style-type: none"> • Self-isolation • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC’s PUI definition 	<ul style="list-style-type: none"> • ISOLATION • Promptly place a surgical mask over the patient’s face and nose • Refer to a provider

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	<ul style="list-style-type: none"> • If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask. 	<ul style="list-style-type: none"> • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	<ul style="list-style-type: none"> • Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition. • Travel on commercial conveyances should be postponed until no longer symptomatic. 	<ul style="list-style-type: none"> • ISOLATION • Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium- risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		<ul style="list-style-type: none"> • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	<ul style="list-style-type: none"> • Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC’s PUI definition. • Travel on commercial conveyances should be postponed until no longer symptomatic. 	<ul style="list-style-type: none"> • ISOLATION • Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium- risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission
No risk	N/A	No restriction

ASYMPTOMATIC [refer also to 2019 Novel Coronavirus Resource Page]		
High risk	<ul style="list-style-type: none"> • Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel 	<ul style="list-style-type: none"> • MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See Reducing the Risk of COVID-19 Transmission • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	<p>Close contacts in this category:</p> <ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting • Practice social distancing • Active monitoring as determined by local priorities • Recommendation to postpone long-distance travel on commercial conveyances <p>Travelers from mainland China (outside Hubei Province) or Iran</p> <ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting • Practice social distancing 	<ul style="list-style-type: none"> • MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See Reducing the Risk of COVID-19 Transmission • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period

- Self-monitoring with public health supervision as determined by local priorities
- Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination

Travelers from other country with widespread transmission

- Recommendation to remain at home or in a comparable setting,
- Practice social distancing
- Self-monitoring
- Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination

Travelers from country with sustained community transmission

- Practice social distancing
- Self-observation

- Document in Lower Respiratory Illness Tracking Tool

<p>Low risk</p>	<ul style="list-style-type: none"> • No restriction on movement • Self-observation 	<ul style="list-style-type: none"> • MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See Reducing the Risk of COVID-19 Transmission • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
<p>No identifiable risk</p>	<p>None</p>	<p>No restriction</p>
<p>No risk</p>	<p>N/A</p>	<p>No restriction</p>

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Case](#)