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**To: Home Secretary**

**From: Border Force National Operations**

**SCS: Mike Stepney**

**Date: 25<sup>th</sup> May 2018**

## CONTINGENCY PLANNING TO MANAGE EBOLA AT THE BORDER

This note is to outline Home Office contingency planning in response to the outbreak of Ebola in DRC.

### Summary

To note that

- Border Force, on behalf of the Home Office, is engaged with the cross-HMG response to the current Ebola outbreak led by Cabinet Office's Civil Contingencies Secretariat (CCS). Activity is currently focused on understanding the situation from DFID and supporting the response in DRC, while also ensuring HMG preparedness should the situation change.
- Public Health England (PHE) currently assess the direct risk to the UK as very low to negligible and consider that no action is needed at the borders. There are no direct flights from DRC to the UK.
- Nonetheless, Border Force has reviewed its contingency plans for action at the border. This includes a renewed focus on port health referral processes as well as work internally and with Public Health England on mechanisms to identify and track at-risk passengers.

### Background

1. Although PHE assess the risk posed to the UK by the outbreak of Ebola in DRC as very low, Border Force has reviewed contingency plans for action at the border. In summary:

- (a) Border Force has made its staff aware of the potential need for action in future. Although we have been careful not to create unnecessary alarm, we have reminded front-line officers of the existing port health referral process. This process, which includes access to 24/7 Port Medical Inspectors, is already well embedded, including at Heathrow, where the greatest threat would likely present.
- (b) Preparatory work is being undertaken, primarily with PHE, to assess how National Border Targeting Centre (NBTC) data and capabilities may be used

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in Port Health investigations, including to identify and track passengers travelling from a specific location or region or those who have travelled in the same aircraft as an infected passenger.

- (c) Border Force met with PHE last week to review where BF can assist with the process of identifying and intercepting at-risk passengers. We are engaging constructively although this includes helping PHE recognise the sensitivities, limitations and complexities of NBTC capability and capacity (including the risk to wider border security where resource is diverted to PHE support).
- (d) Additionally, Border Force has initiated a change on the Warnings Index to re-introduce the capability to set warnings against travellers who are known to have been exposed to the virus.

2. While Border Force will have an important role should risk levels increase, we have been keen to ensure lessons learned in 2015 are not forgotten. This includes ensuring that the responsibilities of each agency are fully clarified should we have to put in place screening processes at the border. The Border Force role in such a situation will be to provide information to the travelling public and to refer appropriate individuals to PHE screening facilities. CCS is aware that any health-related handling at port should be led by PHE.

3. CCS will convene a further cross Government meeting next week to consider any change to the risk. We will continue to engage with this process in addition to taking forward the steps outlined in this note. Further advice will be provided should risk levels change.

### Border Force National Operations

#### Copy list

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