

Wildland Fire Response Plan

COVID-19 Pandemic

Eastern Geographic Area

April 2020



Record of Changes

The uncertainty associated with the COVID-19 pandemic and the ongoing development of standard protocols and practices, and other changes to existing standards for wildland fire response necessitates that this Wildland Fire Response Plan be a living document and subject to updates as new or more current information emerges. The following **Record of Changes** represents the process to log the dates, source of change, details of the modification, and the date that the modification was added/updated in the plan. This will be the single point source for documentation of WFRP version updates. The first version of this document was published on April 10, 2020, and all subsequent version changes are documented in the table below.

[illegible]

1 PREFACE

This Wildland Fire Response Plan (WFRP) has been developed to provide guidance and considerations for maintaining continuity of wildland fire response in the presence of the COVID-19 pandemic for the 2020 fire year in the Eastern Geographic Area. The plan is intended to be a single point of reference and provide considerations for those tasked with management of wildland fires. These considerations include thoughts on planning needs and direction, possible actions, and immediate needs to help wildland fire management agencies and organizations sustain, to the extent possible, the highest degree of resource availability while providing for the safety and protection of all wildland fire response personnel at all organizational levels in all areas across the country.

The WFRP is constructed for applicability at all levels. However, some of the information presented here may not have the same utility for all participating agencies and organizations. For example, many practices and protocols listed here for consideration may only be acceptable for use by federal agencies and not by state and local governments. In other cases, more specific practices and protocols may be developed and implemented at local levels.

NOTE: protocols, policies, direction, other guidance set forth by your agency or leadership, are your overarching standards and overshadow this WFRP, and should be strictly adhered to.

This WFRP is designed with two main sections:



Information that is “**Strategic**”



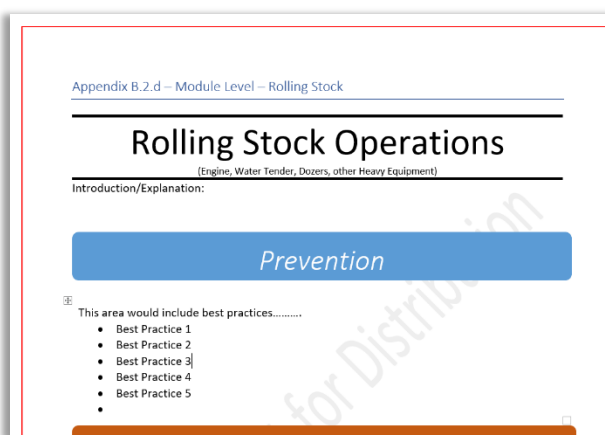
Information that is “**Tactical**”

Strategic information is intended for all levels of wildland fire response – from national level, regional level, local level, to module level – there is applicable information for everyone in the Strategy portion of the document. Strategic information is found throughout the document but occurs primarily in the main body of the document on pages 7-23.

Tactical information is intended for local area fire managers, Incident Management Organizations, and the “boots on the ground” in the format of Best Management Practices (BMPs). The BMPs are found in [Appendix B](#) of the Document. The BMPs have been designed to be concise, to the point, easily understandable, and printable as stand-alone documents for use by the respective resource; very similar to an Engine Captain focusing their attention to the pertinent ICS-204 Division Assignment from an Incident Action Plan (IAP). [Appendix A - Best Practices Applicable to All Personnel](#) – is a companion to Appendix B and should be reviewed and referenced concurrently with Appendix B.

Readers are encouraged to review the entire document and to use the [Contents](#) page to assist with identifying information most applicable to their needs.

The WFRP was developed by one of the Eastern Area Incident Management Teams (Silver Team) in coordination with as many of the appropriate agencies, organizations, and



Contents	
Introduction	4
Background/Situation	4
Issue	4
Scope	5
Objectives	6
Project Overview	7
Purpose and Function	7
Potential Effects on Wildfire Response	7
COVID-19 Wildland Fire Response Elements	9
Strategic Considerations	11
Public Information	14
Transportation	15
Response Plan Distribution	16
Glossary of Terms	17
References, Resources, Websites	18
Acknowledgements	19
Appendices	20
Appendix A – Best Management Practices Outline	21
Appendix A.1.a – Coordinating Group – Mobilization Operations (GACC/Dispatch)	22
Appendix A.1.b – Coordinating Group – Cache Operations	23
Appendix A.1.c – Coordinating Group – Local Cost Contractors, International Military	24

individuals in this Geographic Area as possible. The team worked directly with the Eastern Area Coordinating Group Chair, all participating agencies and organizations, dispatch/coordination centers, and various local units. This comprehensive coordination enabled clear communication with all involved participants and fostered improved awareness and understanding of the purpose and intent of the WFRP. It also eliminated possible duplication of effort, ensured a coordinated effort and coordination with other efforts in the GA, and promoted support and endorsement at all levels.

CONTENTS

1	Preface.....	3
2	Introduction.....	7
2.1	Background/Situation	7
2.2	Issue	7
2.3	Scope.....	8
3	Objectives	9
4	Project Overview	10
4.1	Purpose and Function	10
4.2	Potential Effects on Wildfire Response.....	10
5	COVID-19 Wildland Fire Response Elements.....	14
6	Strategic Considerations.....	17
6.1	MAC Strategic Considerations	17
6.2	Public Information	19
6.3	Transportation	20
6.4	Cooperator Response.....	21
7	Response Plan Distribution.....	22
8	Glossary of Terms	23
9	References, Resources, Websites.....	27
10	Acknowledgements	29
11	Appendices	30
	Appendix A – Best Practices for All Personnel – Safety Guidance for COVID-19	31
	Appendix B – Best Management Practices Outline.....	35
	• Appendix B.1.a – Coordinating Group – Mobilization Operations (GACC/Dispatch)	36
	• Appendix B.1.b. – Coordinating Group – Cache Operations.....	38
	• Appendix B.1.c. – Coord. Group – Local Govt, Contractor, International, Military	40
	• Appendix B.2.a. – Module Level –All Fixed Wing Operations (SMKJ, Air Attack)	42
	• Appendix B.2.b. – Module Level – All Rotor Wing Operations (Helicopter).....	44
	• Appendix B.2.c. – Module Level – Airbase/Helibase Operations (SMKJ, ATGS, Reload)	46
	• Appendix B.2.d – Module Level – Rolling Stock.....	48
	• Appendix B.2.e – Module Level – Crew Operations	50
	• Appendix B.3 – Initial Attack - Operations.....	52
	• Appendix B.4.a – Extended Attack/Complex Fire – Operations	54
	• Appendix B.4.b – Extended Attack/Complex Fire – Logistics.....	56
	• Appendix B.4.c – Extended Attack/Complex Fire – Plans Section	60
	• Appendix B.4.d – Extended Attack/Complex Fire – Finance.....	62

- Appendix B.4.e – Extended Attack/Complex Fire – Fire Information 64
- Appendix B.4.f – Extended Attack/Complex Fire – Safety 66
- Appendix B.4.g – Extended Attack/Complex Fire -- Liaison..... 68
- Appendix B.4.h – Extended Attack/Complex Fire – Incident Commander 70
- Appendix B.5.a – Management Practices – Agency Administrator 72
- Appendix B.5.b – Management Practices – Fire Management 75

Appendix C – “Am I Fit?” Checklist 77

Appendix D – Contact List..... 78

Appendix E – Common Themes..... 79

Appendix F -- Acronyms and Abbreviations 81

2 INTRODUCTION

2.1 Background/Situation

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronaviruses comprise an entire branch of the virus family tree that includes the disease-causing pathogens behind SARS, MERS and several variants of the common cold that infects humans. A new variant of this family has arisen over the last few months and has spread around the world. SARS-CoV-2 is the name of the virus that's spreading; COVID-19 is the disease it causes.

Information regarding current risk and threat of COVID-19 is updated continuously on the [Centers for Disease Control and Prevention's](#) (CDC) website.

2.2 Issue

Like other coronaviruses, the SARS-CoV-2 virus infiltrates the airways of its hosts. At worst, these pathogens cause severe forms of viral pneumonia, which in some cases leads to death. The vast majority of COVID-19 cases—[about 80 percent](#)—appear to be mild, causing a spate of cold-like symptoms like coughing, shortness of breath and fever. Many people are suspected to carry the virus without presenting any symptoms. COVID-19's spread rate suggests the virus is more contagious than any of its predecessors, as well as most strains of the distantly related influenza virus.

According to the World Health Organization, individuals with underlying medical issues including respiratory and heart conditions, as well as smokers, are among those at highest risk. Despite some reports to the contrary, children can be infected, but [appear less vulnerable](#).

The virus is capable of moving directly from person to person through droplets produced by coughs or sneezes that travel through the air to settle directly on skin or frequently touched surfaces, like doorknobs or cell phones. After a person is exposed, symptoms can take weeks to appear, if they do at all. Those who carry the virus without showing signs of illness can still spread the disease.

Projections have been made for significant numbers of individuals in America to become infected with COVID-19. The World Health Organization has declared the widely dispersed geographic spread of COVID-19 a pandemic. The President has declared a national emergency with numerous States also declaring states of emergency. Current mitigation measures have resulted in business closures, reductions in commercial travel, grocery supply shortages, and restrictions on all types of gatherings with even moderately small numbers of individuals.

Wildland fire response is just beginning to increase and move toward its peak activity, usually occurring later over the summer months, particularly in the West. Advance planning is a necessary part of ongoing efforts to prepare for the potential impacts of this pandemic. It will be necessary to ensure that as fire activity increases and demands for firefighters and equipment expand, all steps have been taken to

ensure the ability to sustain an effective wildfire response while ensuring the maximum safety of all personnel.

2.3 Scope

The National Area Command Teams and one Geographic Area Type 2 Incident Management Team (IMT) were tasked by the National Multi-Agency Coordinating Group to coordinate with Federal, State, County, and Tribal officials to identify all issues related to the COVID-19 pandemic and wildland fire response in the United States. Their mission entailed direct work with all Geographic Areas in the US, Geographic Area Coordinating Groups (GACGs), Geographic Area Coordination Centers (GACCs), the National Multi-Agency Coordinating Group (NMAC), the National Interagency Fire Center (NIFC) External Affairs Staff and required development of Wildland Fire Response Plans (WFRP) for each of the ten Geographic Areas in the US. The teams did not independently prepare the plans but worked in concert with the Geographic Areas and all wildland fire agencies and organizations participating in that GA to ensure a coordinated plan development. Considerable input came from sources within the GA and this plan would not have been possible without that coordinated effort and comprehensive involvement.

These plans specifically reference and provide the latest strategies for maintaining continuity of wildland fire response; sustaining, to the extent possible, the highest degree of resource availability; and ensuring safety and protection of all wildland fire response personnel at all levels (initial attack, extended attack, large fire management, dispatch and coordination) in all areas across the country.

Information in this plan is designed to provide considerations to help guide all wildland fire agencies and organizations in the Eastern Geographic Area in maintaining continuity in all aspects of wildland fire response at all levels (national, geographic, and local). Particularly important are areas of initial attack, extended attack, and large fire response, as well as coordination and support functions (dispatch, cache, etc.). This plan outlines potential scenarios that may be encountered at all levels involved directly or indirectly in wildfire response, provides general strategies useful at national levels, general strategies and implementation considerations pertinent to geographic area/regional/state levels, and recommended best practices highly relevant at local levels and various functional areas of wildfire response activities during this pandemic.

This Wildland Fire Response Plan for the COVID-19 Pandemic for the Eastern Geographic Area is a living document and will be managed (continually reviewed and updated as appropriate) by the Eastern Area Coordinating Group.

3 OBJECTIVES

This Wildland Fire Response Plan for the COVID-19 Pandemic for the Eastern Geographic Area was prepared with the following objectives:

- Identify issues that relate to the COVID-19 pandemic and wildland fire response. Liaise and identify these issues through coordination with Federal, State, County, and Tribal health officials.
- Develop Wildland Fire Response Plans that address wildfire response strategies considerations for implementation actions, and responsibilities of all involved participants from the point of mobilization to demobilization. This information is presented in a format useful for national level management groups, geographic area/regional/State level management groups, and local level operational units and functional staffs involved in response implantation. Specific response capabilities addressed in this plan include:
 - Maintaining continuity in response capability for:
 - initial attack,
 - extended attack/ complex fire management,
 - dispatch, support, and coordination
 - Identification and documentation of procedures to mitigate impacts due to potential exposure to COVID-19 during an incident.
 - Identify, define, and document protocols on how to manage potential COVID-19 exposure incidents for Initial and Extended Attack incidents.
 - Identify, define, and document protocols for Incident Management Teams (IMT) to mitigate COVID-19 exposure concerns and provide to IMTs, and all Units.
 - Identify, define, and document protocols for wildland fire response to areas with known exposure to COVID-19.
- Develop Wildland Fire Response Plans without contradicting any currently developed protocols by any Agency.
- Ensure that the Wildland Fire Response Plans are developed to promote interagency coordinated response to Wildland Fire Management in regard to COVID-19.

4 PROJECT OVERVIEW

4.1 Purpose and Function

Three Area Command Teams and one T2 Incident Management Team were mobilized with responsibility to develop COVID-19 Wildland Fire Response Plans for specific GAs. The respective assignments per ACT and IMT were:

- **Team 1 Stutler:** Rocky Mountain, Northwest, Alaska
- **Team 2 Sexton:** Southern Area, Great Basin, Northern Rockies
- **Team 3 Jalbert:** Southwest, Southern/Northern California
- **Eastern Area T2 IMT Goldman:** Type 2 IMT I worked under Area Command Team 2 to develop a COVID-19 Wildland Fire Response Plan for the Eastern Area.

The four teams developed Wildland Fire Response Plans in coordination with all appropriate agencies, organizations, and individuals in each Geographic Area. They worked directly with each Geographic Area's Coordinating Group Chair, various dispatch/coordination centers, and various local units. They also worked under direction and supervision of the National Multi-Agency Coordinating Group (NMAC), through a Team Coordinator (Joe Reinarz) and maintained frequent contact and communication through multiple daily briefings to the NMAC.

All plans were developed using a standardized template and process for national standardization; but development included attention and inclusion of all specific concerns for the Geographic Area covered by the plan.

The teams' coordination within each Geographic Area during development of the Plan, enabled clear communication to all involved participants and vastly improved awareness and understanding of the purpose and intent of the Wildland Fire Response Plans. It also eliminated any possible duplication of effort, ensured a coordinated effort, and ensured support and endorsement at all levels. Common themes and key points captured in interviews with Eastern Area fire leaders are included in [Appendix E](#).

All four teams worked in this role as a support function, had no control responsibilities, and to the fullest extent possible, did not transfer additional work to any participating Geographic Area organizations.

4.2 Potential Effects on Wildfire Response

The rapid spread rate of COVID-19 indicates how highly contagious it is. Exposure of uninfected individuals to infected individuals triggers a near exponential spread and proliferation of the disease.

Wildland fire incident management activities create an ideal environment for the transmission of infectious diseases: high-density living and working conditions, lack of access to, and use of, soap and sanitizers, and a transient workforce. These and other environmental and occupational factors (e.g., smoke, heat, plants, insects, fungus, fatigue, and physically demanding work) can increase the likelihood of disease transmission. Often, fire camp situations cause rapid increases in the number of symptomatic fire personnel and suspected cases, resulting in an infectious disease outbreak on an incident. An

outbreak is the occurrence of more cases than would normally be expected in a specific place or among a group of people over a given time period.

The “Module as One” concept should be considered by all emergency response organizations as a way to mitigate exposure risk for their personnel. The concept is designed to prevent illness (COVID-19, Flu, common cold, etc.) spreading from one module to another. Symptoms of other respiratory illnesses will require COVID-19 response until testing can confirm the symptoms. Wildland fire response will be greatly diminished if transmission occurs between modules. The “Module as One” concept keeps crews separated to minimize exposure and allow efficient contact tracing. The concept includes minimizing exposure by not mixing personnel and vehicles. Module personnel should be assigned together for the entire season, on the same schedule, same assignments, in same camp, etc. Modules’ vehicles, equipment, work areas, restrooms, etc. should be off limits to anyone outside of the module if possible. Modules should be as self-sufficient, following mitigation measures described in Appendix B to further minimize chances of exposure to coronavirus.

The wildland fire response system is unique regarding its structure, capability, and function compared to the first responder system throughout the country. Wildland fire response is initiated at the local level with a finite number of firefighting resources. Should these resources be unable to take care of all needs, additional resources are ordered from neighboring units and ultimately, additional resources can be mobilized from anywhere in the country. What makes this system unique is that no one base or location has enough backup resources to cover responsibilities during high fire activity periods. In the event of substantial personnel absences, even for a scenario of a small to moderate percentage of individuals becoming unavailable due to exposure to COVID-19, additional resources from other units and areas will be necessary. In the event of a high disease spread scenario with a high rate of infection, the associated loss of individuals from service will, in even a moderately active fire season severely tax the ability to maintain an adequate wildfire response.

These Plans were prepared to define strategies to assess risks, develop recommendations for implementation actions, and identify immediate, mid-term, and long-term needs to ensure that continuity of wildfire response capability can be maintained across the country. Exposure prevention, exposure mitigation, equipment and facility maintenance and care, along with strategies for ensuring resource availability are addressed in these plans.

The Eastern Geographic Area (GA) is somewhat unique compared to other areas of the country. It is the most heavily populated and forested region of the country with correspondingly the most WUI of any GA. Due to the population, there is a very high incidence of human caused fires. Fortunately, precipitation is frequent and fires rarely reach complex incident status; the vast majority are contained on initial attack (IA). When fires escape IA they generally have Type 3 complexity, taking 1-3 operational periods to contain, and a similar amount of time to mop up. Long duration events (greater than a week) are rare except in remote areas, organic soils, or in mountainous terrain.

The Eastern GA rarely uses a typical Western fire camp configuration for complex incidents. This is due to the shorter fire duration, fewer resources required, the availability of lodging and restaurants, and likelihood of inclement weather. The effects of the COVID-19 pandemic create challenges to this normal pattern. Restaurant and lodging availability has been greatly reduced due to closures. The ability to determine if lodging has been decontaminated, or decontaminating those facilities, is a significant

logistical challenge. **Firefighters being self-sufficient for several days is a critical component of effective suppression response, social distancing, and reducing exposure.**

The high population density in the GA's 20 states drives the need for the highest number of local Volunteer Fire Departments (VFDs) of any GA in the country. Initial attack is heavily dependent on VFDs and the wildland fire agencies must work closely with these local resources. Unfortunately, some VFDs are also involved in EMS response and their potential for COVID-19 exposure is higher, thus reducing available healthy local resources.

Currently, the majority of COVID-19 cases are within the Eastern Area (EA), and most states within the EA have implemented shelter in place and travel restrictions. Some states require a Governor's waiver for out-of-state travel.

Federal agencies have travel restrictions in place and are managing wildfire response on a case-by-case basis. **This will affect the ability of the GA to fully staff both of the Type 2 IMTs, which started normal rotation on 4/1/2020. Since many state resources are not able to travel out of state, critical overhead with Type 3 or higher qualifications may need to be mobilized using non-traditional transportation methods (agency aircraft) to allow rapid response.** If necessary EACC should coordinate with the Type 2 Incident Management Team (IMT) on active rotation to meet any critical Type 3 overhead requests throughout the GA. State or Local Type 3 all-hazard IMTs (AHIMT) should be considered for deployment on extended attack fires if other overhead resources are not available. Coordination with local Emergency Management Coordinators is strongly encouraged to determine if an AHIMT might be available. Local AHIMTs and Emergency Managers should be provided with a briefing package and materials for situational awareness.

Due to the travel restrictions and prevalence of COVID-19, firefighting response is significantly diminished if a fire escapes initial attack and requires resources from outside the local area or State. If initial attack (IA) resources (local/state/federal) become quarantined or isolated, additional resources will need to be brought in or heavier dependence on cooperators will be required. All levels of the firefighting organization (jurisdictional/compact/GA) will need to continually monitor the quarantine/isolation status of crews to properly adjust IA staffing across interagency boundaries. Because of the severity of the pandemic there are some firefighters and support personnel who are not willing to respond due to personal or family health concerns. At this time, initial attack capability remains relatively strong. However, in some areas police, fire, and medical staff are being very hard hit due to COVID-19 infections.

Midewin IHC is currently stationed in a national coronavirus hotspot (Chicago vicinity). Repositioning and potentially reconfiguring the crew may prevent exposure and position them for response in the Great Lakes where fire activity is expected to increase. Ensuring Midewin IHC's viability is important as all USFS Job Corps crews have been lost due to students being sent home.

Resource drawdown will continue for state and local wildland fire resources as each state struggles to support affected communities. Federal wildland support through ESF4 is expected to increase over the next several months as state and local resources are exhausted. Suppression aircraft availability could be impacted by COVID-19 due to heavier reliance on aircraft for aggressive initial attack nationally, as well as potential pilot exposure/quarantine and subsequent aircraft decontamination.

It is expected that as the virus spreads IA capability will be reduced as firefighters are infected and or quarantined. If initial attack resources (local/state/federal) become quarantined or isolated, additional resources will need to be brought in, or a greater dependence on cooperators will be required. All levels of the firefighting organization (jurisdictional/compact/GA) will need to continually monitor the quarantine/isolation status of crews to properly adjust IA staffing across interagency boundaries. This is already happening to the 9-1-1 first responders in urban and rural areas, and will cause greater dependence on wildland firefighters who are not as heavily exposed to the public. The virus is expected to crest at the same time as the Eastern GA's peak spring fire season (April-June) which could cause a confluence of peak fire activity with maximum impact from quarantine/isolation cases.

The Eastern GA routinely supports other areas of the country, particularly the western U.S, during periods of high fire activity during the summer. There are a number of factors that will cause significant barriers to the level of support the Eastern GA normally provides:

- Continued travel restrictions due to COVID-19 in the Eastern U.S
- Complications in mobilization for commercial air transport
- Logistical considerations of transporting sick crewmembers home
- Fewer resources "Available" in IROC overall for the multiple reasons described above.

It is recommended that additional aircraft be contracted by land management agencies to transport fire crews and overhead, and that those contracts allow much greater flexibility to stop at multiple jetports to avoid the travel and co-location of crews at mobilization centers.

5 COVID-19 WILDLAND FIRE RESPONSE ELEMENTS

Wildland fire response information and considerations are not presented in a discrete format. Since some information is more applicable from a management standpoint and useful by decision makers, strategic considerations for national and geographic area/Regional/State considerations are presented in the main body of the plan. Other information more useful and applicable to local level implementers and functional groups who may be on the first line of exposure to the disease, is presented in Appendix A and B as best management practices and is suitable for direct adoption and implementation.

During the course of the upcoming fire season, there are potential scenarios that may be encountered by all levels involved directly or indirectly in wildland fire response. These are shown in Figure 1. Information shown for these scenarios is applicable at all response levels and all organizational levels. This information illustrates strategic response considerations and actions employable at national, geographic area/regional/State, and local levels.

Figure 1 shows five possible scenarios that could be encountered during wildfire response in the COVID-19 pandemic. The first involves the pre-exposure scenario where operations are functioning. Exposure in this chart and this plan is used in the context of being subjected to contact with the coronavirus responsible for COVID-19. Key strategic elements include prevention and containment. Prevention refers to the limiting of exposure to individuals while containment means to prevent the spread of this infectious disease beyond an individual or a small group that may have been infected to a broader group. The second scenario involves exposure with strategic elements of prevention, containment, and quarantine. Quarantine separates and restricts the movement of people who were exposed to COVID-19 to see if they become sick.

The third scenario involves one where fire response individuals have become infected. Strategic elements here include prevention, containment, treatment, management, and isolation. Isolation involves separating positive infected people from those who are not infected. The fourth scenario will include recovery with strategic elements of prevention, containment, treatment, and management. The final scenario involves preparation for return to service following recovery from the disease.

COVID-19 Progression and Impacts to Maintaining Wildland Fire Response Capability

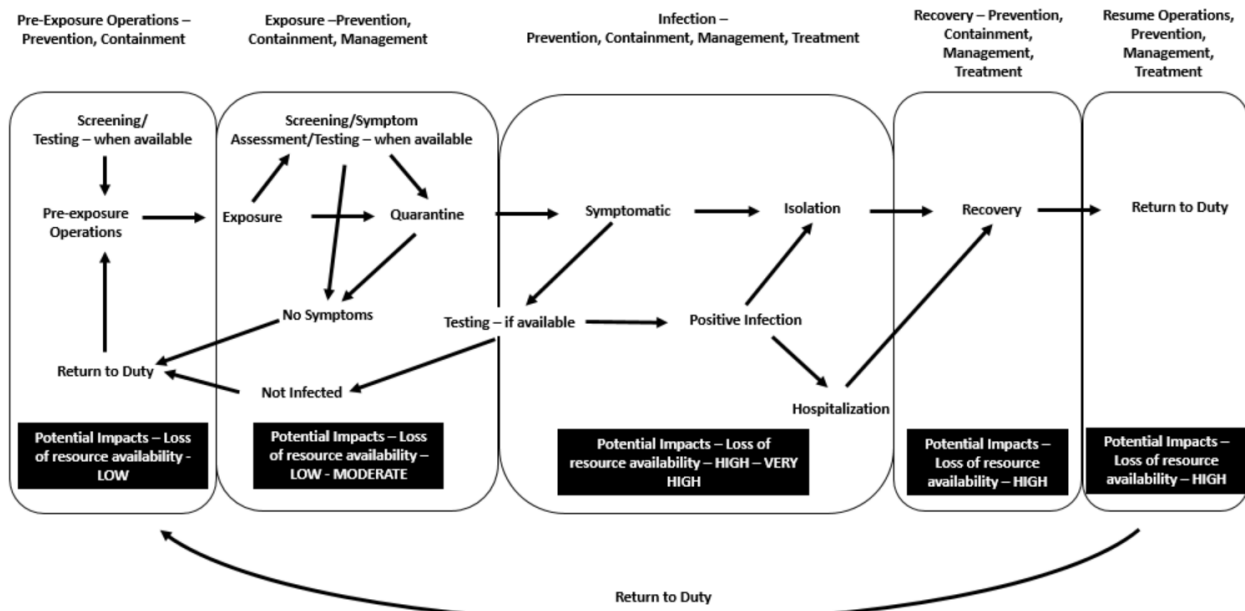


Figure 1: COVID-19 Wildfire response operations, scenarios that may be encountered, and strategic planning elements for each.

Following **Figure 1** is a table that provides more detailed information regarding strategic issues, immediate needs, prevention/containment actions, and management/treatment actions. This table is by no means the complete authority on strategic responses to this disease but contains considerations useful at management levels. More specific information on these topics that is relevant to local level implementers and functional groups is provided in the Best Management Practice Section in [Appendix A and B](#).

Table 1. Recommended management level issue points for COVID-19 wildfire response including basic strategies, immediate needs, avoidance/containment action considerations, and management/treatment action considerations.

Strategies	Immediate Needs	Prevention/Containment	Management/Treatment
<ul style="list-style-type: none"> Develop long-term planning to mitigate and respond to COVID-19 spread to prevent the loss of wildland fire response capability, exposure of wildland fire resources to the disease, potential contamination of initial attack resources by exposed individuals Ensure that all personnel are cared for in the safest possible manner and subjected to avoidance, containment, management, and treatment as needed. Incorporate social distancing standards into day-to-day operations. Maintain functioning wildland fire response operations from bases with regular crews. 	<ul style="list-style-type: none"> Definition of new protocols/standards for personal hygiene and clothes laundry. Definition of processes for equipment sterilization. Acquisition of necessary equipment and/or support to sterilize equipment. Obtain additional hand washing stations as needed. Contingency planning if not covered by existing COOPs, <ul style="list-style-type: none"> Designation of 1st, 2nd and 3rd alternate bases Designation of 1st, 2nd, and 3rd alternate staffing units. Obtain protective equipment. Determination of availability and acquisition of disease testing kits. Determination of proper responsibility for testing exposed personnel. Determination of process and appropriate products to use for decontamination of equipment with special reference to hand tools, vehicles, aircraft, computers, radios, pumps and chain saws, etc. Determination of protocols for isolation and removal from active duty and locations. 	<ul style="list-style-type: none"> Close operating base to the public and all non-essential personnel. Provide recommended social distancing recommendations. Practice personal hygiene. Screen all personnel when entering base area, before starting work – check temperature, check for overall feeling, check for coughing, and other symptoms. Configure and set up testing capability for firefighters at local unit or local health facilities, when it becomes available. Prioritize firefighters for testing and vaccine (if one is developed)? Enhance personal hygiene. Isolate firefighters as much as possible. Daily equipment sterilization, decontamination – regular basis. PPE laundry – regular basis Develop a plan for prioritizing fires for response, especially if COVID-19 spread is high and fire season activity is high. Plan for shifts in wildfire response strategy, ranging from highly prioritized IA to limit numbers to reducing overall firefighter exposure by prioritizing responses. 	<ul style="list-style-type: none"> Determination of protocols for sending exposed individual home or to medical facilities. Determination of Quarantine protocols in conjunction with local, county, and State officials. Determine Quarantine oversight responsibility. Determination of protocols to determine when individuals are available to return to active duty.

6 STRATEGIC CONSIDERATIONS

Specific recommended management considerations for Multi-Agency Coordinating (MAC) at the national, geographic area, and sub-geographic area are provided in this section, but some of this information will not have the same utility for all participating agencies and organizations. Some of the practices and protocols listed here for consideration may only be acceptable for use by federal agencies and not by State and local governments. In other cases, more specific practices and protocols may be developed and implemented at local levels. Strategic considerations of importance include, but are not limited to the following points:

6.1 MAC Strategic Considerations

Fire Personnel Readiness

Consider:

- ✓ Managing qualifications and training by delaying, virtualizing, expanding focus to COVID-19, adding flexibility/waivers, and using no shared housing
- ✓ Expanding Prevention activities: expand public information campaigns and closures and consider virtual opportunities
- ✓ Preparedness planning: Pre-identification of potential control locations for aggressive response
- ✓ Expanding use of emerging technology: leverage remote operations, briefings, sensing and surveillance
- ✓ Rapid contracting and focus on specific needs: explore opportunities for greater use of MREs, medical equipment, PPE, remote sensing
- ✓ Increasing and maintaining response capacity:
 - Seek additional aviation resources and local surge capacity
 - Maximize use of permanent resources
 - Employee support for emotional well-being
- ✓ Situational awareness tracking: build tracking systems for situational awareness on firefighter exposure and infections
- ✓ Practice self-quarantine: priority functions (dispatch, pilots, IMT C&G) limit exposure
- ✓ Practice social distancing
- ✓ Practice personal hygiene
- ✓ Maintain continual PPE laundry – regular basis
- ✓ Monitor personnel for symptoms
- ✓ Test personnel when available

Modifying Strategies, Tactics, and Logistics.

Consider:

- ✓ Strategy and Tactics
 - Adapting existing wildfire response plans to include additional response options that address the new fire environment in relationship to COVID-19.
 - Pursuing opportunities for monitoring of low risk fires
 - Expanding the range of strategies and prepare for more discriminate use of resources, especially for fires that occur in high risk areas.
 - Exploring opportunities for managed fire, more indirect attack, focused use of heavy equipment, and designation of management action points using natural barriers

- Planning for the potential for increased smoke loads to communities and plan and implement early warning/communication for likely events
- Utilizing suppression strategies that will minimize assigned personnel and incident duration.
- Implement swift initial response to minimize possibility of large fire occurrence, but do not employ higher risk tactics to keep fires small.
- Within agency protocols and to the degree possible, augment fire response resources with non-fire staff to help sustain fire response capability.
- Consider opportunities for application of aviation and mechanized assets to reduce assigned personnel.
- More focused prioritization to maximize resource availability
 - Prioritize initial attack and focused use of aviation assets
 - Initial attack in local areas only
 - Extended Attack/Complex Fire Management:
 - Expand large fire prioritization processes
 - Define and utilize a large fire triage process
 - Emphasize containment, deemphasize mop up, minimize assignment time
- Expand use of Decision Support Centers in all GACCs
- Utilize Predictive Services and professional judgement to balance assigned resources and incident duration.
- Preparing and implementing virtual incident management by IMTs - GAs consider conducting simulated virtual IMT incident management prior to most active fire season periods
 - Identify and obtain necessary technology
 - Designate IMT sections/personnel that can complete work virtually and what minimum requirements are for managing incidents safely
- Limiting large fire response to when life is imminently threatened.
- Altered catering/shower/washing station
- Expanded medical support
- Modular isolation
- Two-way isolation: closed camps with security, no leaving camp to travel into communities
- ✓ Using an increased number of vehicles during crew transports if possible, to allow more separation with each vehicle.
- ✓ Carrying extra PPE items by multiple personnel
- ✓ Following recommended guidelines for disinfecting fire equipment on a regular basis

Drawdown Projections and Contingency Opportunities:

Consider:

- ✓ Determining opportunities to obtain international assistance and if so:
 - Identify sources of additional resources
 - Identify potential amounts of resources needed at escalating preparedness levels
 - Consider early use and consul of Australian fire managers involved in 2019-2020 Australian fire season response with limited and declining resource numbers
 - Pre-plan any international agreements, waivers, funding, and other administrative requirements and have them complete by start of active fire seasons
- ✓ Recommend that local units prepare contingency plans for resource drawdown during fire seasons.

- Consider existing staffing and action guides and existing dispatching run cards and guidelines and how they will be affected by a 10, 30, or 50% reduction in strength of force of wildland firefighting and management resources
- Identify options available during drawdown periods
- Consider base closing and/or consolidation
- ✓ NMAC and GMAC consider possible adjustments in resource drawdown as fire season progresses

Leveraging Best Available Information Management and Technology:

Consider:

- ✓ Communication:
 - Expanded use of technology and local networks for remote/virtual community meetings and updates
 - Expand and focus communications by developing COVID-19 communications tool kit and strategies for two-way virtual communications with communities
- ✓ Technology:
 - Prepare for more remote operations, briefings, sensing, and surveillance.
 - Identify technology needs, costs, and proactively implement actions
 - Pursue increased use of UAS (seek waivers)
 - Use broadband channels to reach affected communities
 - Greater use of UAS platforms
 - Expedite contracting of UAS equipment

6.2 Public Information

Consider national and geographic direction on Information releases regarding COVID-19 specific issues at wildland fire incidents managed by IMTs (type 1-3). All releases must be consistent and follow the Delegation of Authority the team is working under. Local unit(s) who delegated the incident to the team approve all releases of information. Local unit Public Affairs offices will maintain close contact with Regional, National and Department Office directives and be able to guide Public Information Officers (PIO) on what can/cannot be released.

Many remote communities are not well served by virtual information dissemination and social media in general. Agencies have traditionally relied on community meetings and staffed information boards to allow personal dialogue in these impacted communities. This plan foresees that in almost every case, these tools are no longer available to PIOs in areas impacted by COVID-19. These communities should be identified and be briefed in advance of fire season to manage expectations and explore alternatives.

Small and remote communities may express health and safety sensitivities toward non-community members who are responding in large numbers to a local incident. Incoming incident management teams and area administrators should identify how they will prevent transmission vectors during the incident. The lead public information officer (PIO) can then prepare talking points and messages explaining how the responding team's prevention measures will be practiced in the community. The PIO should reach out to local public affairs staff and community organizations to establish the best methods to communicate with local community members, considering e-traplines and online meeting platform capabilities that will allow community members the ability to ask questions.

The PIO BMP in [Appendix B](#) provides new and existing information dissemination methods to maximize social distancing. Host units should evaluate and update contact lists and e-traplines in advance and provide to team PIOs within in-briefing packages. In addition, that BMP provides more detailed information regarding the Best Practices for the Information function.

6.3 Transportation

This section covers transportation to and from an incident and the transportation of individuals who become symptomatic with flu-like symptoms while responding to a wildfire or other emergency. Any personnel traveling on official business for emergency response should carry a copy of their “mission essential” paperwork in addition to a picture ID in order to prevent travel delays.

Incident related travel during the COVID-19 pandemic requires additional considerations in order to promote personal safety and to prevent spread of the disease. Completing the “Am I Fit” checklist upon mobilization is highly recommended for all as is following travel-related protocols provided by the CDC and/or other reputable medical sources. A one-day drive rule for all resources traveling to an incident by motor vehicle, including the use of vans, busses and aircraft should be considered. If traveling as a group, additional vehicles need to be considered in order to allow for social distancing and to provide transportation in the event someone becomes symptomatic or tests positive and has to return home. Additionally, it is important for the traveler to understand that food, lodging and other commercial services may not be readily available, or if available may not be safe to utilize due to COVID-19 concerns. For that reason, anyone responding to an extended attack or complex incident should be prepared to be self-sufficient while traveling to the incident and for several days after arrival. Agency aircraft may need to be considered for transportation of personnel. If agency aircraft are used, FAA interim direction issued for all aircraft operators must be followed.

https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/

Considerations for transport of exposed or symptomatic personnel back to home unit:

- Follow existing public health orders and guidance when establishing transportation arrangements.
- Establish guidelines and training for drivers and exposed/symptomatic personnel.
- First consideration for drivers should be given to someone who has already tested positive and recovered from COVID-19
- Consider use of a large passenger van for transport to allow for social distancing.
- Notify home unit of need to demobilize and return an exposed/symptomatic person.
- Consider exposed/symptomatic persons driving themselves if their health permits, and not contrary to established guidelines or protocols.
- Require appropriate PPE for all interaction with exposed/symptomatic individuals.
- Specific transportation arrangements for demobilized personnel will be made based on collaboration between the home unit/GACC and host GACC.
- Identify the route to travel home and include periodic check-in with home unit.
- For medical emergencies while in transit seek advanced medical care.

- Ensure that any vehicle used for transporting personnel has been cleaned and sanitized as recommended by CDC.
- Consider use of agency aircraft for transportation.
- Use of commercial aircraft may not be available, or acceptable. Follow FAA interim direction issued for all aircraft operators (link included above).

6.4 Cooperator Response

- ✓ Determine opportunities for use of military resources
 - Identify how military resources can be used and augment existing firefighting resources
 - Identify accelerated training capabilities to advance readiness earlier in fire season
- ✓ Consider all opportunities for staffing MAC functions remotely
- ✓ Consider ways to reduce span of control in multiple large fire situations
- ✓ Consider MAC level management of work-rest for national resources in short supply
- ✓ Work with cooperators, partners, and stakeholders to review existing Agreements and associated Operating Plans to identify any areas where preseason agreements and decisions are affected given the current COVID-19 changed conditions. Ensure any identified limitations are well known and communicated to all levels of fire personnel including field level responders

Due to travel restrictions, All-hazard COVID-19 responses, and quarantine/isolation of firefighting resources, all jurisdictions should maintain a higher level of preparedness coordination. The dominant resource drawdown currently, and in the near future, is COVID-19 related and can quickly affect firefighting capability. State, Compact and Eastern Area Coordinating MAC groups or equivalent need to continually monitor fire activity and COVID-19 (quarantine/Isolation) impact on available resources. The Eastern Area MAC Group is currently meeting weekly. These groups should strive to identify areas lacking IA capacity and adjust resource pools to provide an adequate suppression response.

Reliance on cooperators must be realized and planned for at the earliest possible time. Since the Eastern GA is heavily dependent on VFD initial attack response, it should be expected that mutual aid from departments, who are not normally called upon, will increase. Local agreements should be amended or drafted to allow these resources to be used to their fullest extent. Coordination with State/local emergency management should include potential use of AHIMTs for extended attack fires if sufficient overhead is not available. Local incident Redbook standards should be referenced when using AHIMTs within a local area.

National Guard resources and aircraft should be activated in areas that are coming into peak spring fire season. Resource drawdown as previously described has already affected the IA and extended attack capability of many States and agencies, and resources from out of the GA are not being prepositioned due to COVID-19. The National Guard may be needed for logistical support, support to local agencies for closures and evacuations, suppression equipment, or suppression aircraft. Similarly, Canadian Quick Strike aircraft may be utilized in areas experiencing fires resistant to control or where IA capability is insufficient.

Use of cooperator/contractor personnel and heavy equipment should be considered in making alternate suppression resources available before needed. Examples include agreements with Road Commissions or similar agencies and using timber contractor resources for required firefighting (US. Forest Service). It is important to initiate the agreement process as soon as possible to ensure resources are available when needed.

Core Eastern Area IMT members or other critical overhead (out of GACC IMT overhead) should be considered high priority for agency or Governor's waivers to ensure they can respond in the case of a high complexity incident.

7 RESPONSE PLAN DISTRIBUTION

The distribution of the Eastern Area Wildland Fire Response Plan will be to the Eastern Area Coordination Group (EACG) members to distribute to the agencies and partners they represent.

The EACG is comprised of representatives from the Great Lakes Compact Forest Fire Compact, Big Rivers Forest Fire Compact, Mid-Atlantic Forest Fire Compact, Northeastern Forest Fire Protection Compact, National Park Service, Bureau of Indian Affairs, Fish and Wildlife Service, Bureau of Land Management Eastern Region and the Forest Service.

Link to EACG Representation: <https://gacc.nifc.gov/eacc/eacg/eacg.htm>

8 GLOSSARY OF TERMS

Active monitoring: Refers to when the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occur at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Afebrile: Not feverish

Asymptomatic: not showing any signs of having the disease.

Close contact:

- being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or:
- having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed upon)

Conditional release: a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Cluster: an aggregation of disease cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.

Confirmed novel coronavirus infection: Until testing is available confirmed is defined as the person has a temperature of over 100.4 F, is short of breath, has a cough, and has a general feeling of fatigue.

Congregate settings: crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.

Containment: A public health strategy in which officials aim to prevent the spread of an infectious disease beyond a small group of people to the broader community. Containment actions include restricting travel from affected regions, identifying infected people and tracking down everyone they live with or have spent time with (**contact tracing**), and asking those who have been exposed to the virus to stay at home for a period of time.

Controlled travel: exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

COVID-19: The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for “Coronavirus

Coronavirus: A family of viruses that cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named SARS-CoV-2 and it causes COVID-19. Source: [WHO](#)

Drive through testing: Individuals remain in their vehicles, and medical staff in protective gear come to administer the swab test and the swabs are sent to a laboratory for testing.

e-iSuite: a software program used to manage incident resources. The e-iSuite system is a web browser (e.g. Internet Explorer) enabled application for use at the Incident Command Post (ICP) and in agency offices to manage emergency incidents and planned events. No software licenses are required to use e-iSuite. A web browser is all each user will need to run the application. The e-iSuite Enterprise System is hosted on the USFS Fire and Aviation Management National Enterprise Support System (NESS) General Support System (GSS) at the National Information Technology Center (NITC), Kansas City, MO and will support all incidents at an enterprise level.

Endemic: the constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area.

Epidemic: An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. Source: [CDC](#)

Essential activities: Source: <https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential>

- Tasks essential to main health and safety, such as obtaining medicine or seeing a doctor;
- Getting necessary services or supplies for themselves or their family or household members, such as getting food and supplies, pet food, and getting supplies necessary for staying at home;
- Engaging in outdoor activity, such as walking, hiking or running provided that you maintain at least six feet of social distancing;
- Performing work providing essential services at an Essential Business or Essential Government function;
- Caring for a family member in another household;
- Caring for elderly, minors, dependents, person with disabilities, or other vulnerable persons
- Essential businesses: (Source: <https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential>):
- Healthcare operations, including home health workers;
- Essential Infrastructure, including construction of housing and operation of public transportation and utilities;
- Grocery stores, farmers’ markets, food banks, convenience stores;
- Businesses that provide necessities of life for economically disadvantaged individuals and shelter facilities;
- Pharmacies, health care supply stores, and health care facilities;
- Gas stations and auto repair facilities;
- Banks;

- Garbage collection;
- Hardware stores, plumbers, electricians, and other service providers necessary to maintain the safety, sanitation, and essential operation of residences and other essential businesses;
- Educational institutions, for the purposes of facilitating distance learning;
- Laundromats, dry cleaners, and laundry service providers;
- Businesses that ship or deliver groceries, food, and goods directly to residences;
- Childcare facilities providing services that enable essential employees to go to work;
- Roles required for any Essential Business to “maintain basic operations,” which include security, payroll, and similar activities
- Other activities may be identified – refer to local news sources.

Exposure: Contact with someone infected with the coronavirus responsible for COVID-19.

Facemask: A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks do not seal tightly to the wearer’s face, do not require fit testing, but do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles (not suitable for close contact with a known or suspected COVID-19 infection).

Flattening the curve: Slowing a virus’ spread to reduce the peak number of cases and related demands on hospitals and infrastructure (Source: [CDC](#)).

Home isolation: Persons with COVID-19 who have symptoms or laboratory-confirmed COVID-19 who have been directed to stay at home until they are recovered.

(Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)

Incubation period: The length of time between when an infection begins and when there are apparent signs of the disease. Most indications give the coronavirus an incubation period of 2-14 days with symptoms most commonly showing at about 5 days after infection (World Health Organization).

Isolation: Separating sick people with a contagious disease from those who are not sick. Source: [CDC](#).

IWI: common acronym describing an “Incident with an incident”, e.g. a vehicle accident on wildfire, an expected COVID-19 case on the fireline, etc. Protocols for IWI should be predetermined and understood by all incident managers.

Mitigation: Slowing the spread - taking measures to cause the rate of increase of the number of cases to be slowed to low levels.

“Module as One”: a concept that includes minimizing exposure by not mixing personnel, e.g., same personnel assigned together for entire season, on same schedule, to same vehicle, on same assignments, in same camp, etc.

N95 respirator (face mask): Personal protective equipment that is used to protect the wearer from airborne particles and from liquid contaminating the face

(Source: <https://www.thoracic.org/patients/patient-resources/resources/disposable-respirators.pdf>)

Outbreak: carries the same definition of epidemic but is often used for a more limited geographic area.

Pandemic: An epidemic that has spread over several countries/continents, usually affecting a large number of people. Source: [CDC](#)

Public health orders: legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

Quarantine: in contrast to isolation, quarantine applies to people who have been exposed and may become infected but are not yet infected. In these cases, the people exposed (or potentially exposed) are separated and have restricted movement imposed. Source: [CDC](#)

SARS-CoV-2: The name of the novel coronavirus that causes COVID-19 disease. Source: [WHO](#)

Self-monitoring: people monitoring themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-observation – refers to people remaining alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-quarantine: Staying home and away from other people as much as possible after exposure.

Shelter in place: All residents must remain at their place of residence, except to conduct essential activities, essential businesses, and essential government functions.

(Source: <https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential>).

Social distancing: Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of a contagious disease. Measures can include working from home, closing offices and schools, canceling events, and avoiding public transportation. Source: [CIDRAP](#)

Suppression: Where the rate of increase of the number of cases has been slowed to low levels and is maintained for a period of time, potentially up to 18 months.

Symptom: A sign or indication that someone has a disease.

Symptomatic: Showing signs of the disease like fever, cough, and [shortness of breath](#).

Vaccine: a biological preparation that provides active acquired immunity to a particular disease.

9 REFERENCES, RESOURCES, WEBSITES

During the emergence of the COVID-19 pandemic, related information of all types has been continuously emerging and will likely continue far after completion of the first version of this WFRP. Many references have become available that provide useful information, and these are being continually updated in an effort to disseminate the best available information regarding this national emergency.

References, resources, and websites have been the principal sources of information useful in the development of this plan. All references have been documented, but the list continues to grow in length and has become too long for inclusion here. As a result, in lieu of providing a comprehensive list in this document, all references have been logged into a central storehouse that can be accessed through the link listed below.

This reference storehouse consists of a master list of all references, resources, and websites in the form of an Excel spreadsheet, with tabs along the bottom that allow for rapid sorting of the references by topic. Topics available for sorting include the following: by document name, web references, all sections, dispatch, fire response, information, liaisons, logistics, medical response, plans, quarantine, transportation, and virtual operations. In addition, the “by document name” and “web references” tabs are organized alphabetically and include a formatted Reference List entry for each work.

This storehouse will be located at the National Interagency Fire Center (NIFC) in Boise, ID for as long as wildland fire response is impacted by the COVID-19 pandemic.

The link to this information is: TBD

Until the NIFC site is operational, the following references are provided:

15 Days to Slow the Spread of COVID-19

https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

Centers for Disease Control and Prevention – Parent Website

<https://www.cdc.gov/>

Centers for Disease Control and Prevention – Coronavirus (COVID-19)

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Center for Disease Control and Prevention - Information for Law Enforcement Personnel

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>

Center for Disease Control and Prevention - Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission Guidelines <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>FEMA

Center for Disease Control and Prevention - Interim Guidance for EMS

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Coronavirus Self-Checker: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

COVID-19 Situation Updates
<https://www.worldometers.info/coronavirus/>

COVID-19 Emergency Declaration -Fact Sheet
<https://www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration>

Effects of public health interventions such as social distancing and shelter in place “flattening the curve”, or reducing the rate at which COVID-19:
<https://www.nytimes.com/interactive/2020/03/13/opinion/coronavirus-trump-response.html>

Homeland Security Emergency - State Emergency Operations Center
<https://dps.mn.gov/divisions/hsem/seoc/Pages/default.aspx>

Information For First Responders on COVID-19 Disease 2019 (COVID-19)
<https://www.health.state.mn.us/diseases/coronavirus/responders.html>

Infectious Disease Guidance for Wildland Fire Incidents, Emergency Medical Committee
<https://www.nwcg.gov/committees/emergency-medical-committee/infectious-disease-guidance>

EPA approved list of disinfectants against SARS-CoV-2
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Occupational Safety and Health Administration. COVID-19, Control and Prevention
<https://www.osha.gov/SLTC/covid-19/controlprevention.html>

Occupational Safety and Health Administration. Guidance on preparing the workplace for COVID-19
<https://www.osha.gov/Publications/OSHA3990.pdf>

Refusing risk on fire incidents
<https://www.nwcg.gov/committee/6mfs/refusing-risk>

Situation Update for COVID-19 Disease 2019 (COVID-19)
<https://www.health.state.mn.us/diseases/coronavirus/situation.html>

US Fire Administration -COVID-19 Information page
https://www.usfa.fema.gov/current_events/coronavirus.htmlMinnesota

Wildland-Urban Interface (WUI) Fire Operational Requirements and Capability Analysis: Report of Findings
<https://www.dhs.gov/publication/st-wui-fire-operational-requirements-and-capability-analysis-report-findings>

World Health Organization - COVID-19 disease 2019 Dashboard
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

10 ACKNOWLEDGEMENTS

The Eastern Geographic Area and the National Multi-Agency Coordination Group would like to express their appreciation to Eastern Area's Type 2 "Silver" IMT for their rapid mobilization and adaptation of processes to develop this Wildland Fire Response Plan. To achieve the objectives as described in the Delegation of Authority, Incident Commander Goldman and his staff were challenged with building this substantive document working virtually and in coordination with three Area Command Team.

All Area Command Teams and the Eastern Area IMT, in close cooperation with the assigned Geographic Areas, worked collaboratively in a lateral team-to-team fashion to develop Plans that were consistent, applicable at all levels, and captured the best-known information and protocols at the time of publishing.

The following members of the Silver Team assisted with the development of this Plan:

IMT POSITION	NAME	Home Agency
ICT2	Steve Goldman	USFS
DPIC	Russ Langford	USFW
ICT2(t)	Russell Harris	USFS
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LOFR(t)	Paul Rogers	MI DNR
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MEDL	Bob White	WI DNR
FSC2	Peter Beringer	USFS
FSC2(t)	Debbie Niles	USFS

11 APPENDICES

Appendix A – Best Practices for All Personnel – Safety Guidance for COVID-19

General Information

- Follow the most current direction from the Center of Disease Control and local health authority, which currently provides the following: Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to COVID-19 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work.)
- Ryan White HIV/AIDS Treatment Extensions Act (2009) has been expanded to include COVID-19. The Act (Part G) provides Emergency Response Employees (EREs) with notification (normally a violation of HIPPA regulations) when they are at risk of exposure to potentially life-threatening infectious diseases through contact with victims during emergencies. Knowing this information allows EREs the opportunity to seek timely medical care, and to make informed decisions about addressing potential health issues arising from their exposures. Health/medical personnel may be unaware of this provision and reluctant to provide information due to HIPAA regulations.
- We now know from [recent studies](#) that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.

Best Practices

- Practice social distancing
 - Avoid physical contact with co-workers and the public; maintain a 6’ spacing.
 - Assign vehicles to firefighters and avoid cross-over of employees and belongings.
 - Discourage shared use of phones, radios, or other work tools and equipment.
 - Conduct group meetings virtually (such as zoom/teleconference/etc.) or limit groups to numbers in compliance with local statewide direction.
 - Limit access to facilities for all non-fire personnel.
 - Require personnel to keep a log of close contact and submit to supervisors daily.
 - Wear a facemask, bandana, or other suitable cloth covering when social distancing is compromised (vehicles, briefings, etc.).
- Face Coverings
 - As of April 3, 2020, CDC has updated its recommendation on the use of cloth face coverings to help slow the spread of COVID-19. [Face coverings](#)
 - Voluntary use of cloth face coverings is now recommended for use in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission.
 - Face coverings should be maintained in a sanitary manner and should not be distracting or offensive to others.
 - Face coverings should fit snugly but comfortably against the side of the face; be secured with ties or ear loops, include multiple layers of fabric; allow for breathing without restriction; and be able to be laundered and machine dried without damage or change to shape.

- Practice personal hygiene
 - Wash hands frequently for at least 20 seconds, with soap, after coughing or sneezing, when hands are visibly dirty, or after touching common surfaces (doorknobs, desk tops, etc.).
 - Provide handwashing stations near frequently entered facilities.
 - Use hand sanitizer when getting in and out of vehicles and after fueling.
 - Do not touch eyes, nose or mouth with gloved or unwashed hands.
 - Cover nose and mouth when coughing or sneezing. If using a tissue, immediately dispose of the tissue and wash or sanitize hands.
- PPE laundry – regular basis
 - Wear clean clothing/PPE every day when not on assignment.
 - Wipe down all non-laundered apparel (shoes, wristwatches, jewelry, etc.), with disinfectant.
- Workplace/equipment/cleaning procedures
 - Develop routine daily cleaning procedures for vehicles and other equipment.
 - Designate a trained employee to supervise daily cleaning procedures.
 - Ventilate vehicles during and after transport.
 - Clean all “high-touch” surfaces every day.
 - Follow CDC and local protocols to mitigate contact with bodily fluids, including the cleaning or disposal of PPE and equipment. [EPA approved cleaning supplies](#).
 - Use disposable paper towels and approved cleaning solution, or wipes for cleaning; Wipes – not sprays – are recommended to avoid aerosolizing the virus on contact.
 - Thoroughly wet surfaces cleaning solution and air dry; do not actively dry surfaces.
 - Wash hands thoroughly after cleaning equipment, surfaces, etc.
- ✓ Travel/Transportation
 - Minimize contact with non-fire personnel and time in public areas while travelling.
 - When using public transportation such as commercial aviation, use proper PPE to minimize exposure.
 - Follow guidelines for cleaning/disinfecting surfaces when staying in motels/hotels.
 - Stay in your hotel room to the extent possible and wipe down high touch areas.
 - Consider eating in your hotel room, utilizing take out or delivery. Maintain social distancing when eating while on the road.
 - Follow guidelines for cleaning/disinfecting vehicles.
 - Consider use of rental RVs that can also be used for office space.
 - Have a three-day supply of water and MREs for each person if driving.
 - Maintain a manifest if travelling with others.
 - Expect fewer restroom facilities as you travel to an incident. Some states have closed visitor centers while others remain open. Many food service businesses are now drive thru only. Most vehicle service stations are open.
 - When using public facilities, be reminded that there is nothing to indicate the health of those there before you.
- Other steps to reduce personal risk
 - Eat smaller, more frequent meals that include fruits and vegetables to maintain blood sugar and support immune system.
 - Consume appropriate calories to support activity levels and regular body function.
 - Stay hydrated, drink water at regular intervals throughout the day.
 - Avoid stimulants near bedtime.

- Provide a sleep environment that promotes sleep quality, comfort, cool temperatures, and low noise.
- Symptom monitoring
 - General symptoms include fever (100.4° F or greater), cough, shortness of breath, and may also include fatigue, sore throat, aches, and runny nose.
 - Monitor firefighter temperature and watch for symptoms. Provide infrared thermometers to supervisors.
 - Isolate and test employees if showing symptoms.
 - Require all employees to self-monitor, follow “[Am I Fit?](#)” guidelines
 - Develop a contact plan that includes a medical evaluation for off-duty personnel that develop symptoms.
 - Monitor employees for symptoms for a 14-day period following a suspected contact or exposure. Follow up with suspected exposure source. Have person tested and, if negative, allow all personnel that had a close contact return to duty.
 - If an employee feels ill, isolate and return to residence, or other designated area.
 - Develop and/or designate facilities for isolating symptomatic employees.
 - Use appropriate PPE and social distancing protocols before entering the environment of someone with respiratory symptoms.
- Testing
 - Use approved and recommended testing procedures and guidelines.
 - Ensure personnel receive further medical attention as soon as symptoms appear.
- Positive infection
 - Isolate and evacuate to a pre-determined site or hospitalize (as conditions warrant).
 - Review contact log and follow-up appropriately.
 - Require appropriate PPE for all interaction with infected individuals.
 - Transport of infected individuals should be via qualified EMS personnel or fire personnel in full PPE recommended for protection from COVID-19 by federal, state, and local health authorities.
 - Notify immediate supervisor of the situation.
 - Follow local agency and cooperator guidelines for notification procedures.
 - Institute a text alert system to notify firefighters who have had possible contact with an infected person.
 - Require personnel to keep a log of close contact and submit to supervisors daily.
 - Sanitize equipment, including vehicles, used by infected individuals.
- Return to service following recovery; do not assume the individual is immune from the virus, continue to follow all protocols.
- Follow local health authority or attending physician’s guidelines for recovery (generally 14 days from the onset of symptoms), returning to service employees will continue to follow all guidelines.
- Contingency planning
 - Determine and monitor availability of COVID-19 testing kits.
 - Determine and communicate state and local guidelines for testing personnel.
 - Determine and acquire a supply of approved products for use in decontamination/sanitation of equipment. [CDC](#)

Definitions

Close contact: A close contact is a person who has been within about 6 feet of a person with confirmed novel coronavirus infection for a prolonged period of time or has had direct contact with secretions from a person with confirmed novel coronavirus infection, and not in PPE (COVID-19) for more than 10 minutes.

Confirmed novel coronavirus infection: Until testing is available confirmed is defined as the person has a temperature of 100.4° F or greater, is short of breath, has a cough, and has a general feeling of fatigue.

Facemask: A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks do not seal tightly to the wearer's face, do not require fit testing, but do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles (not suitable for close contact with a known or suspected COVID-19 infection).

N95 respirator: A generally used term for a half mask air-purifying respirator with NIOSH- approved N95 particulate filters or filter material, requires a fit test. Recommended PPE for close contact with suspected COVID-19 infection.

COVID-19 PPE: General cleaning for prevention of spread PPE consists of latex or rubber gloves, facemask, eye protection (goggles/face shield). For personnel displaying symptoms, back off, isolate, and call trained EMS personnel for assistance (fire department/ambulance service).

Appendix B – Best Management Practices Outline

Best Management Practices

1. Coordinating Group
 - a. [Mobilization Operations \(GACC/ Dispatch\)](#)
 - b. [Cache Operations](#)
 - c. [Local Government, Contractor, International, Military Support](#)
2. Module Level
 - a. [All Fixed Wing Operation \(SMKJ, Air Attack,\)](#)
 - b. [All Rotor Wing Operation \(Helicopter\)](#)
 - c. [Air Base/Helibase Operation \(SMKJ Base, Air Attack Base, Reload Base\)](#)
 - d. [Rolling Stock Operations \(Engine, Water Tenders\)](#)
 - e. [Crew Operations \(IHC, T2IA, Fire Module\)](#)
3. Initial Attack
4. Extended Attack/Complex Fire
 - a. [Operations Function](#)
 - b. [Logistics Function](#)
 - c. [Plans Function](#)
 - d. [Finance Function](#)
 - e. [Incident Information Function](#)
 - f. [Safety Function](#)
 - g. [Liaison Function](#)
 - h. [Incident Commander](#)
5. Management Practices
 - a. [Agency Administrator](#)
 - b. [Fire Management Officer](#)

Mobilization Operations

(GACC/Dispatch)

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Objective is to provide COVID-19 mitigation best practice guidance to lessen exposure to staff and resources. Consider implementing this guidance during mobilization for both staff and responders. Pre-planning and preparation is very important to minimize exposure potential during mobilization activities. Dispatch staff needs to consider how to decrease potential exposure during mobilization operations. Dispatch Centers should develop/follow exposure mitigation measures and provide this information to all staff and responders. Dispatch Center Managers and support personnel will be challenged to remain healthy and viable to continue the mobilization mission.

Prevention

This section includes best practices to prevent exposure during mobilization.

- Utilize social distancing exposure mitigations for assigned work locations and mobilization areas by providing a process that eliminates close contacts. Implement “[Am I Fit?](#)” checklist daily at the start of work shifts.
- Encourage staff to telework particularly individuals at increased risk. Encourage employees to stay home and notify workplace administrators when sick.
- Identify Mobilization functions that can be conducted virtually/remotely.
- Test remote technology systems as part of COOP planning.
- Provide sanitation supplies that are readily available for immediate use/distribution. Routinely sanitize all areas and items that have been used before, during, and at the end of shift. Clean and disinfect frequently touched surfaces. Eliminate snack tables and community drink coolers.
- Isolate mission-critical staff from the public, office staff, and partners. Limit access to work areas and create physical separation between staff, support functions, and other mission essential functions.
- Avoid group briefings in small rooms. Utilize open areas and technology for meetings/briefings.
- Identify alternative work areas and mobilization sites and assure they are routinely sanitized.
- Arrange for additional vehicles for Mobilization center transportation.
- Consider mobilizing responders no more than one day drive from Home.

Incident Response

This section includes best practices during mobilization and demobilization.

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Utilize the daily “[Am I Fit?](#)” checklist while on incident and before returning home.
- If staff shows symptoms at work, isolate them as soon as possible. Implement exposure guidance/procedure.
- Conduct meetings/briefings using virtual conferencing, texting, radio or loud speaker to brief employees. Avoid group briefings in small rooms and areas.
- Provide COVID-19 exposure mitigation information packet to resources being mobilized.
- Mobilize resources using “Module as One” concept to minimize exposure potential.
- Develop a method to identify what resources are needed at incident and those that can work from virtual locations.
- Consider the effect of COVID-19 operating restrictions and resource availability when adjusting Preparedness Levels.
- Follow COVID-19 transportation guidance for mobilizing resources to and from an incident.
- Ensure Interagency Resource Representative (IARR) and Crew Representatives (CREP) are familiar with COVID-19 response protocols.
- Add COVID-19 topics to all briefings and After Action Reviews.
- Assist receiving unit/s with demobilization and return to home relating to symptomatic or exposed personnel.

Exposure Response

Best practices in the event of a presumptive exposure.

- Utilize COVID-19 transportation guidance when returning affected personnel to their home units.
- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person’s name(s) and information.

Updated: 4/8/2020

Cache Operations

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

The Northeast Interagency Support Cache, located in Grand Rapids, MN is one of 15 National Interagency Support Caches. Each cache provides incident support in the form of equipment and supplies to units within their geographic area. COVID-19 mitigation protocols are established by the agency sponsoring the cache. Because caches are sponsored by different agencies, there are no national standards for continuity of cache operations.

Prevention

Best practices to prevent exposure:

- Implement “Am I Fit?” protocols prior to each shift.
- Utilize CDC guidance for cleaning the facility and equipment each day, primarily focusing on surface contamination.
- Mitigate person-to-person transmission through training of cache employees and social distancing protocols.
- Provide enough COVID-19 PPE for use by employees.
- Develop COVID-19 response protocols within the cache to address possible exposure and provide training.
- Cache will maintain updated information on virus lifespan on various surfaces to assist with storage and decontamination procedures and protocols.
- Limit access of non-essential personnel to cache facilities.

Incident Response

Best practices during mobilization, at incident and through demobilization:

- Develop Risk Assessments and mitigations for common cache activities such as laundry, incident backhaul, refurbishment processes, forklift operations, vehicle operations, use of Cache Demobilization Specialists, detailers and receiving, “Ready for Issue”, “Not Ready for Issue”.
- Determine and stock supplies needed by incidents to mitigate COVID-19 exposure and support the “Module as One” concept.
- Develop return-to-cache protocols for cleaning, sanitizing and reissue. Prioritize equipment and supplies that are often in high demand.
- Incident communications with the cache should emphasize items of known exposure or that have been decontaminated on the incident.

- Identify supply and materials delivery protocols to reduce exposure by handling and face to face interactions.
- Drivers and material handlers should utilize CDC guidance on sanitizing practices for vehicles and equipment.

Exposure Response

Best practices in the event of a presumptive exposure.

- Implement IMT Covid-19 response protocols.
- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to cache manager or local agency administrator.
- Cache staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Cache staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 04/08/2020

Local Gov't, Contactor, Military

Introduction/Explanation:

The Eastern Geographic Area is comprised of 20 states, four active Forest Fire Compacts (including two with Canadian provincial members), federal agencies, Tribes, County, municipal and rural volunteer fire departments, NGOs and military assets that cooperate in wildland fire management. The Eastern Geographic Area's reliance on cooperation between these entities is paramount to successful protection of the public from wildfires. COVID-19 adds a significant layer of complexity that directly impacts all cooperators' ability to respond to wildfires. Impacts include, but are not limited to travel restrictions between states, canceled gatherings for training and strategic planning meetings, fewer personnel available to respond due to illness or quarantine, lack of fuels management due to burn bans and shelter in place orders, and other factors. These factors require fire managers and programs at all levels to consider innovative ways to protect the public from wildfires while also protecting their wildland firefighters from being exposed to, or inadvertently spreading COVID-19. Suggested best practices for more tactical aspects of wildfire response are available in the other appendices. While by no means comprehensive, this document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure for personnel:

- Using CDC and state health department guidelines, develop and utilize COVID-19 avoidance procedures for staff and resources.
- Consider utilizing "Am I Fit?" checklist ([Appendix C](#)) or other CDC daily self-checks.
- Reduce exposure by conducting as much work (briefings/meetings/gatherings) as technology allows virtually or remotely.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices planning for and during a wildfire response:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Minimization of COVID-19 exposure risk to fire personnel and the public should be a priority during fire management decision making:
- Consider wildfire smoke impacts to firefighters and the public in the context of COVID-19.
- Consider allowing remote fires to burn based on values at risk.
- Consider increased use of aircraft and heavy equipment to keep fires small and minimize numbers of responding personnel.

- Make efforts to ensure that all cooperators and contractors understand the jurisdictional agency's COVID-19 wildfire response protocols.
- Consider sharing and/or streamlining procedures and protocols for ordering cooperating agency aircraft, including Canadian aircraft, among State and Federal agencies, when aggressive response is warranted.
- Consider activating the Eastern Area MAC Group earlier due to resource shortage created by COVID-19 conditions.
- Eastern Area MAC group should consider COVID-19 conditions in determining Preparedness Levels.
- Consider early activation of state's National Guard resources, including aircraft due to fire activity and resource shortages.
- If commuting back and forth from home bases is essential, cooperators should continue to maintain COVID-19 mitigation measures.
- Avoid conducting meetings/briefings in closed areas, including vehicles. Conduct by virtual means when possible.
- Utilize social distancing measures as possible during travel, and at incident.

Exposure Response

Best practices in the event of a presumptive exposure:

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.
- Quarantine, isolate, evacuate to a pre-determined site or hospitalize (as conditions warrant).
- Require appropriate PPE for all interaction with infected individuals.
- Transport of infected individuals should be via qualified EMS personnel or fire personnel in full PPE recommended for protection from COVID-19 by federal, state, and local health authorities.

Updated: 4/8/2020

All Fixed Wing Aviation

(SMKJ, Lead Plane, Air Attack)

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Best Management Practices for conducting the fixed wing operations on wildland fire incidents:

Prevention

Best practices to prevent exposure:

- Briefings: utilize video conferencing, texting, messaging, radio or loud speaker.
- Limit who enters an airbase, seaplane base and the aircraft, to flight crews and pilots only. Do not conduct tours or allow observers to gather near the facility.
- For crew and passenger safety follow [FAA COVID-19 Guidance](#).
- Limit multi use of headsets, helmets, knee boards, gloves, flight suits, tools, etc.
- After each flight the pilot should follow [GSA/OEM/ NBAA](#) guidance to decontaminate the aircraft interior including handles, interior seating, seat harnesses and the cockpit.
- After maintenance, decontaminate the aircraft per [GSA/OEM/NBAA](#) guidance.
- Work closely with the GACC to return tactical (SMKJ, LEAD, ATGSs, ATs, etc.) and flight support crews to the same base every night to eliminate travel induced exposure for flight and maintenance crews.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Use electronic dispatch orders of resources (106 dispatch card, Kneeboard, etc.).
- Use minimum crew staffing levels to limit exposure.
- Consider pooling ATGSs within the GACCs and assign as needed. Utilize multiple bases during high activity, even though other bases may be farther from the incident if support staffing will allow.
- Maintain situational awareness of passengers' social distancing and potential symptoms; report any observed symptoms through chain of command.
- Work closely with the Dispatch Offices and the GACC to return pilots and flight crews to the same base every night, preferably home, to eliminate travel induced exposure for flight and maintenance crews.
- Consider assigning Fixed Wing and Airspace Coordinators prior to actual fire season.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.
- Place aircraft out of service until properly decontaminated per [GSA/OEM](#) or [NBAA](#) guidance.
- Return aircraft to contract availability by the appropriate maintenance inspector.
- Notify Controlling aircraft or dispatch of status change.
- Contact Contracting Officer to place aircraft out of service.
- Isolate aircraft away from active operations and personnel.
- Follow CDC and current local/state department of health guidelines.

Updated: 4/9/2020



All Rotor Wing Operations

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Best Management Practices for conducting rotor wing operations on wildland fire incidents:

Prevention

Best practices to prevent exposure:

- Briefings: utilize video conferencing, texting, messaging, radio or loud speaker.
- Limit who enters the aircraft and airbase to pilots and flight crews only.
- Work with minimum crew staffing levels to limit exposure.
- For crew and passenger safety follow [FAA COVID-19 Guidance](#).
- Consider putting helicopters into limited status, and 2:1 management where when possible.
- Use one hour call backs during periods of low activity.
- Evaluate allowing vendors to stage at their home base with a 24-48 hour call back.
- With approval of the Contracting Officer, reimburse vendors for transporting relief pilots and crews by vehicle and or light aircraft versus commercial airlines.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Use paperless dispatching (106 dispatch, text message, Cad, rip and run, kneeboard).
- Consider assigning a Rotor Wing Coordinator early in the season at the GACC to increase efficiency.
- Maintain situational awareness of others being transported and working with on the fireline.
- Reconnaissance, passenger transport or other non-module member flights will be avoided unless absolutely necessary.
- Photo or video sharing of incident will be utilized for situational awareness to avoid adding personnel to the confined space of the aircraft.
- Pilot and mechanic should decontaminate interior and exterior of the aircraft between missions per [GSA/OEM/NBAA](#) guidance.

- Establish multiple helibases at the incident to separate crews to limit the potential spread of the virus.
- Limit multi use equipment (tools, headsets, helmets, knee boards, gloves, flight suits).

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.
- Place aircraft out of service until properly decontaminated per [GSA/OEM](#) or [NBAA](#) guidance.
- Return aircraft to contract availability by the appropriate maintenance inspector.
- Notify Controlling aircraft or dispatch of status change.
- Contact Contracting Officer to place aircraft out of service.
- Isolate aircraft away from active operations and personnel.
- Follow CDC and current local/state department of health guidelines.

Updated: 4/9/2020

Airbase/Helibase Operations

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Best Management Practices for conducting Airbase Operations for wildland fire incidents:

Prevention

Best practices to prevent exposure:

- Briefings: utilize video conferencing, texting, messaging, radio or loudspeaker.
- Limit who enters the aircraft and airbase to pilots and flight crews only.
- Work with minimum crew staffing levels to limit exposure.
- Follow [FAA COVID-19 Guidance](#).
- Follow [GSA/OEM/NBAA](#) disinfection guidance after each flight or after maintenance / fueling.
- If possible, contract for a block of rooms or apartments for the season for agency and contractor flight crews to use. Sanitize the rooms prior to and after each use.
- Work closely with the Dispatch Office and the GACC to return ATGSs, ATs, LEADs and flight crews to the same base every night to eliminate travel induced exposure.
- Use the contract one-hour call back to reduce the number of personnel at the airbase.
- Faster ordering of additional aircraft to lessen firefighters needed on the ground through more aggressive initial attack.
- Consider options such as double crewing all aircraft during periods of high use and call up additional CWN services to obtain a more aggressive initial attack.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Use multiple bases during the response, even though other bases may be farther from the incident in order to limit the amount of personnel at the airbase.
- Install and use additional retardant loaders to limit hose and nozzle contacts.
- Communicate with other bases and dispatch to ensure positive coordination (airspace, radio frequencies, supervision assigned, etc.) as multiple aircraft from different bases and agencies may be present during initial attack.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.
- Place aircraft out of service until properly decontaminated per [GSA/OEM](#) or [NBAA](#) guidance.
- Return aircraft to contract availability by the appropriate maintenance inspector.
- Notify Controlling aircraft or dispatch of status change.
- Contact Contracting Officer to place aircraft out of service.
- Isolate aircraft away from active operations and personnel.
- Follow CDC and current local/state department of health guidelines.

Updated: 4/9/2020

Rolling Stock Operations

(Engine, Water Tender, Dozers, Other Heavy Equipment)

This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Integrate social distancing and daily decontamination protocols into operations.
- Implement “Module as One” practices; follow COVID-19 Protocols and SOPs.
- Resources should be self-supporting for several shifts for meals and spike camp.
- Consider additional vehicles to allow social distancing, extra gear and extra clothing.
- Maintain a sufficient inventory of decontamination supplies.
- Develop and drill crew/module on COVID19 response.
- Disperse patrols and standby locations to limit congregation of resources.
- Establish proper fueling and maintenance protocols that follow COVID-19 mitigation.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Follow “Module as One” concept throughout the incident.
- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Utilize virtual/remote briefings or brief only key personnel to minimize numbers and maintaining separation distance.
- Include COVID-19 prevention, mitigation and concerns into daily crew briefs.
- Avoid unnecessary contact with incident personnel and public.
- Social distancing, sanitization, cough etiquette, etc. remain a priority on and off the fireline. (i.e. “Module as One” concept, spike camps)
- Maintain clean PPE each day to prevent virus spread.
- Multiple staging areas should be considered to limit the chances of close interaction of responding resources.
- Avoid prolonged smoke exposure if possible; rotate personnel and/or avoid smoke.
- Limit the sharing of apparatus, supplies, and equipment amongst adjoining resources.
- Decontamination is recommended prior to leaving the incident.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/8/2020

Crew Operations

(IHC, T2IA, T2, Suppression Module, WFM)

This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Integrate social distancing and daily decontamination protocols into operations.
- Consider initial attack response from dispersed pre-determined locations to limit exposure to large groups.
- Crew should be self-supporting for several shifts for meals and spike camp.
- Consider additional vehicles to allow social distancing, extra gear and extra clothing.
- Maintain a sufficient inventory of decontamination supplies.
- Develop and drill crew/module on COVID-19 response.
- Implement “Module as One” practices; follow COVID-19 Protocols and SOPs.
- Designate a crew/module person as safety monitor for COVID-19 protocols and SOPs.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Follow “Module as One” concept throughout the incident.
- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Utilize virtual/remote briefings or brief only key personnel to minimize numbers and maintaining separation distance.
- Include COVID-19 prevention, mitigation and concerns in daily crew briefs.
- Avoid unnecessary contact with incident personnel and public.
- Limit the sharing of apparatus, supplies, and equipment amongst adjoining resources.
- Decontamination is recommended prior to leaving the incident.
- Social distancing, sanitization, cough etiquette, etc. remain a priority on and off the fireline. (i.e. “Module as One” concept, spike camps)
- During mobilization discuss COVID-19 mitigation plans particular to the incident.
- Avoid prolonged smoke exposure if possible; rotate personnel and/or avoid smoke.
- Maintain clean PPE each day to prevent virus spread.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine. For the good of the crew and all personnel assigned to the incident, do not hesitate to report a suspected exposure or symptoms.
- Supervisor will report through chain of command to IC.
- Incident staff will interview person affected for and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- Decontaminate any equipment and locations before returning to service.
- Person will be demobilized to home unit if possible.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/8/2020

Initial Attack Operations

(Local initial Attack Considerations)

This document is intended to be used as a tool to support initial attack wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Integrate social distancing and daily decontamination protocols into operations.
- Maintain same team (module) “Module as One” concept throughout the season.
- Virtual/remote briefings or brief only key personnel to minimize numbers and maintaining separation distance.
 - All briefings need to address COVID-19 mitigation.
- Develop plans to mitigate health impacts on your personnel.
 - Telework, staggered shifts, PT individually.
- Disperse patrols and standby locations to limit congregation of resources.
- Maintain enough decontamination supplies on all apparatus and at all stations.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- IA briefing needs to maintain separation distance with no more than 10 people at a time.
 - Limit briefings to key overhead positions.
 - Use virtual briefing techniques as much as possible.
 - Inform responding cooperators of COVID-19 mitigation measures your agency has adopted.
- Consider aerial detection/spotter aircraft to get a proper on scene size up.
- Size up based on complexity, including COVID-19 considerations, fire behavior and weather should inform appropriate response resources.
- IAIC completes on scene size up as soon as possible, ordering the needed resources.
- Consider heavy equipment or suppression aircraft to limit the number of personnel on scene.
- Ensure personnel on the ground are familiar with aircraft operations.
- Consider using “Module as One” concept or sending one person in apparatus with chase truck(s) to follow limits exposure.

- Consider the use of techniques, resources, and tools that limit the number of personnel on scene; maintain social distancing with on scene cooperators and public.
- Fireline supervisors monitor COVID-19 mitigation measures.
- Consider use of suppression modules with no more than 10 people.
- Consider swing shifts to limit all personnel together at one incident.
- Decontaminate in between IA responses.
- Limit mop-up and smoke exposure. Once in controlled status put extra emphasis on monitor status. Use of FLIR technology (Palm IRs, cell phone FLIRs) to aid in heat detection.
- Avoid traditional AAR groups and encourage personnel to develop alternative methods of conducting AARs that follow COVID-19 mitigation measures.
- Establish additional staging areas as needed and configure to limit close contacts with other responders and the public.
- Consider providing additional sanitation facilities in support of “Module as One” concept.
- Maintain a supply of sanitation materials at staging areas.
- Assure all facilities and equipment is sanitized daily.
- Disinfect vehicles and equipment daily, when changing operators, and prior to re-assigning.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person’s name(s) and information.
- Implement pre-developed contingency plans for replacement resources if needed.

Updated: 4/8/2020

Operations Function

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Best Management Practices for conducting the Operations function on wildland fire incidents:

Prevention

Best practices to prevent pre-incident exposure to Operations Section personnel:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Integrate social distancing and daily decontamination protocols into operations.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Follow “Module as One” concept throughout the incident.
- Ensure COVID-19 mitigations measures are in place to protect critical communications link between Planning OSC and Field OSC.
- Incorporate COVID-19 risk mitigation into decision making along with fire projection data to base strategies and tactics where adjustments can be made for resources requirements in order to complete objectives.
- Adjust tactics taking into account COVID-19 risk mitigations.
- Establish additional staging areas as needed and configure to limit close contacts with other responders and the public.
- Consider providing additional sanitation facilities in support of “Module as One” concept.
- Maintain a supply of sanitation materials at staging areas.
- Assure all facilities and equipment is sanitized daily.
- Disinfect vehicles and equipment daily, when changing operators, and prior to re-assigning.
- Consider use of UAS vs. piloted observation flights to gather intelligence.
- Where appropriate and allowed by policy, utilize UAS to patrol fireline and monitor fire activity.
- Consider using electronic documents (ICS 204s, ICS 215s, ICS 220s, CTRs) when feasible.

- Work with SOFR to assess incident COVID-19 risk using ICS 215R, or similar risk assessment process and ensure mitigation measures are followed on the fireline.
- Virtual/Radio/Conference Call briefings or brief maintaining separation distance.
 - All briefings need to address COVID-19 mitigation.
- Coordinate with Logistics and consider multiple spike camp locations and staging areas that follow COVID-19 mitigations.
- Allow Resources time for COVID-19 mitigation and decontamination. Resources should document the activity on daily ICS 214.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report potential exposures or symptoms of COVID-19 to supervisor immediately and initiate on site- self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols. When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Person will be demobilized virtually; required to follow COVID-19 public health orders.
- When possible, the person will be demobilized to their home unit.
- Affected person should drive to their home unit alone if safe and feasible to reduce exposure to other employees. Follow existing public health orders for transportation back to unit.
- Incident staff will work to identify and inform anyone else who was working with affected person, check for symptoms and determine if there is a need for decontamination or further action is needed.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.
- Be prepared to adjust resources in the event of an exposure.

Updated: 4/8/2020

Logistics Function

This document is intended to be used as a tool for extended attack / complex wildland fire response for Logistics Section Staff during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

All Logistics Units:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Follow CDC guidance including social distancing, personal hygiene, workplace cleaning, etc.
- Identify opportunities for Logistics personnel to work remotely; develop and implement plans to support remote/virtual assignments.
- Ensure technology to support virtual/remote assignments is available as needed.
- Develop pre-deployment plans that include COVID-19 mitigation guidance pertinent to all logistics functions for fire camp design and support using “Module as One” concept.
- Develop procedures to interact between functional areas through a virtual environment.
- Be prepared for several day’s self-sufficiency, including remote/spike camp locations.
- Determine/document PPE and sanitization supply requirements for unit personnel, order upon deployment if not available at incident.

Communications Unit:

Acquire and share standards for cleaning radio kits, repeaters, IT hardware and storage labeling with Comm. Unit team members.

Medical Unit:

- Pre-plan for an increase in supplies of medical PPE and decontamination/sanitizing kits.
- Anticipate increased need for coordination between Federal, state, county, and local EMS, FDs, hospitals, clinics and public health agencies.

Incident Response

Best practices during mobilization/at incident and through demobilization:

All Logistics Units:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Follow “Module as One” concept throughout the incident.
- Perform the “[Daily Am I Fit?](#)” checklist and provide incident training on COVID-19 protocols for incoming resources prior to assigning tasks.
- Briefings should utilize virtual options and follow social distancing recommendations.
- Utilize electronic applications for gathering, disseminating, and storing information.
- Supply and use recommended PPE as per [CDC recommendations](#) for all tasks.

Communications Unit:

- Clone one radio for a crew and have crew or resource clone the remainder of their radios. Provide information with directions and tips or tricks for programming.
- Develop strategies for distribution of batteries and communication supplies.
- Expand communications/IT footprint to ensure social distancing in facilities or other structures. Consider having RADOs work from remote/offsite locations.
- Provide standards for cleaning radio kits, repeaters, IT hardware and storage labeling with Comm. Unit team members; include best practices information with kits for care, use and return.
- Utilize cloud-based accounts on a central server for the base camp and used as a repository for each team to transfer data without the use of equipment that would need to be handed off from person to person.
- Document cleaning of devices during an incident and prior to demobilization. For radio repair/replacement – control access to one person at a time.
- All returned equipment should be treated as if it has been exposed to COVID-19. Equipment should be cleaned as prescribed in an approved Communications/IT plan. Personnel will wear required PPE to handle and clean equipment to return to service.

Facilities Unit:

- Consider establishing two medical units, one for routine care and one for COVID-19 care, in separated locations, away from high traffic areas.
- Establish an isolation area when camp is set up to separate and care for the needs of personnel exposed.
- Cleaning and sanitizing schedules should be greatly increased for all facilities. Proper training in procedures, as well as supply handling and disposal should be completed for all personnel involved.
- ICP/Camp setup: Areas need to be larger and more spread out using the “Module as One” concept to assist with social distancing needs.
- Plan for resource dispersal in remote areas away from camp as logistically feasible.
- ICP/Camp check in. Establish an area for pre-screening personnel and sanitizing of materials/equipment before entering camp.
- Consider a closed camp to minimize exposure.

- Consider increasing the number of porta-potties, hand wash stations, trash collection equipment, and shower units with staggered use time to accommodate larger camp footprint, better sanitation and group/unit separation.
- Motels: When mobilized and utilizing hotels; minimize room sharing, provide for initial room sanitation, and deny or minimize housekeeping services.
- Minimize use of public places.
- Consider increasing number of staging areas to accomplish social distancing.

Food Unit:

- Implement increased sanitation efforts around kitchens, dining area, and food lines.
- Discontinue use of salad bars and other self-service food delivery in camps.
- Encourage take-out from restaurants.
- If utilizing restaurants, ensure that they have facilities large enough to implement increased social distancing.
- Consider staggering serving times and use of alternate serving method to meet social distancing guidelines.
- Ensure food service contractors, caterers and vendors are implementing COVID-19 practices and following Health Department standards and guidelines.

Ground Support Unit:

- Consider obtaining additional vehicles to provide capacity for increased self-sufficiency and increasing social distancing.
- Encourage electronic documentation to avoid person to person contact.
- Develop a Transportation Plan that avoids congestion; consider multiple parking areas.
- Disinfect vehicles upon receipt, when changing operators, and prior to re-assigning.
<https://www.edmunds.com/car-safety/how-to-reduce-the-risk-of-the-coronavirus-in-your-vehicle.html>
- Clean work area daily and monitor well-being of staff.
- Use wipes, not sprays, to decontaminate equipment and exposed surfaces in vehicles.
- Ensure the cab and working areas of apparatus are decontaminated.
- When fueling use appropriate PPE, and wash hands before reentering the vehicle.

Medical Unit:

- Provide for medical check in/screening prior to entry.
- Medical personnel should develop isolation areas to deal with suspected cases of COVID-19 and treatment would be coordinated with the local health authority.
- For symptomatic personnel, it is important to systematically record their symptoms, work, and exposure history.
- Medical Units should maintain appropriate patient spacing and an increased separation of treatment and workspaces to incorporate COVID-19 mitigations.
- Medical Unit and assigned staff should limit interaction with other incident personnel.
- Utilize daily COVID-19 decontamination procedures of all equipment and work areas.
- Ambulances assigned to the incident should follow CDC COVID-19 recommendations and come with recommended PPE and disinfecting supplies.
- Medical personnel enroute to the incident should utilize interactive maps and start making contacts with state, county, and local emergency and public health agencies to help mitigate COVID-19 issues as they arise.
- Infrared thermometers should be available at all incidents and camps for personnel to use for tracking body temperatures.

- The Primary MEDL should not have physical contact with field medical staff or those getting treated in the medical tent in order to reduce the threat of exposure to the Command and General Staff.

Security Unit:

- Consider increasing security personnel to manage ingress/egress, and potential closed camp(s).

Supply Unit:

- Limit the number of personnel conducting business in the Receiving and Distribution area to adhere to social distancing standards.
- Consider expanding the Supply Unit footprint and exposing inventory to open air/sunlight mitigations to limit COVID-19 spread.

Exposure Response

Best practices in the event of a presumptive exposure.

- Implement IMT COVID-19 response protocols.
- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/9/2020

Planning Function

This document is intended to be used as a tool for extended attack / complex wildland fire response for a Plans Section Staff during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure for this group:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Identify opportunities for incident personnel to work virtually/remotely. Consider simulations testing remote activities, possibly engage IMTs, AAs, cooperators and partners to test and evaluate remote system technologies, processes and systems to be proficient remotely.
- Consider creating a C&G level protocol for information sharing and communicating to maintain team cohesion.
- Conduct video/virtual meetings & briefings using available technology.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Reduce exposure by conducting as much work (briefings/meetings/gatherings) as technology allows virtually or remotely.
- Maintain contingency plans in the event of technology failure.
- Conduct Check-In and Demobilization by electronic device, otherwise, limit exposure by maintaining social distancing and have decontamination protocols in place.
- Utilize electronic applications for gathering, disseminating, and storing information.
- Ensure COVID-19 Prevention and Screening Protocols are in the IAP and COVID-19 is evaluated in the ICS 215R, or other risk assessment tool.
- Encourage electronic documentation to avoid person to person contact whenever possible.
- Incident personnel should document travel and exposure to high risk environments on electronic unit logs (ICS 214).
- Coordinate with MEDL to assure appropriate procedures are enacted as a standard part of the Demobilization process.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms, and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize personnel virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/8/2020

Finance Function

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Intent: To reduce exposure to finance section staff while continuing to work efficiently to produce finance products. Given the potential exposure and spread to COVID-19 the intent is to adapt to a virtual work environment for the Finance Section understanding that there will be variations to virtual work based on incident complexities. In order to set finance up for success in a virtual work environment the following will be required:

- Make sure the technology is there to support virtual assignments; e-iSuite Enterprise System will require enhancements to efficiently be used in a virtual setting.
- Testing the process before actual deployment.
- All agencies that respond to an incident will need to have legal acceptance of electronic signatures or electronic imaging of the signed document.

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Develop and implement protocols for working remotely. Minimize paper by maximizing use of electronic documents. Consider establishing Large Fire Support Units to provide virtual support to multiple incidents. Integrate social distancing and daily decontamination protocols into operations.
- Consider Finance Section configuration in ways that minimize exposure.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Establish processes/protocols with IMT for Finance functions if assignment is virtual/remote. Plan to work remotely to the maximum extent possible.
- If not working virtually, use social distancing within section (desk/people spacing, not sharing office supplies. Utilize electronic documents vs. paper to limit exposure risk.

- Minimize paper by maximizing use of electronic documents.
- Maintain contingency plans in the event of technology failure.
- Consider business practices that allow for electronic signatures and virtual exchange of information.
- Consider staffing a FSC on site supported by virtual support staff.
- Establish virtual/electronic procedures with clinics/hospitals/pharmacies to limit Compensation Unit Leader exposure. (See Logistics BMP)

Exposure Response

Best practices in the event of a presumptive exposure.

- Follow CDC/MEDL protocol for exposure (Have available to all members) Go over as part of briefing so all members are aware what to do. Response procedures should be in place.
- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.
- Develop and implement protocols to protect Personally Identifiable Information (PII).

Updated: 4/9/2020

Incident Information Function

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Identify opportunities for information personnel to work remotely.
- Be prepared for several day’s self-sufficiency, including remote/spike camp locations.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

This section includes best practices during mobilization/at incident and through demobilization

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Remote work assignments and virtual workspaces should be used as much as possible.
- Media visits to ICP should be limited with visitors being medically screened upon entry. Appropriate PPE should be provided.
- Use existing systems to fullest extent such as Inciweb, social media and email publication tools. These tools should be prioritized in lieu of in-person trap-lines and info booths.
- Use email lists as much as possible to distribute daily updates. Reach out to trap-line locations such as stores and other public places to get them on email distribution lists.
- Coordinate COVID-19 messaging with local public health department and cooperating agencies. Ensure all fire messaging includes a COVID-19 message.
- Conduct video/virtual public meetings using available technology. Consider investing in quality equipment (cameras, tripods, microphones) to improve quality for live streamed events.
- PIO will coordinate closely with IC and Agency Administrator regarding any statement of potential COVID-19 exposure.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.

- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/9/2020

Safety Function

This document is intended to be used as a tool for extended attack / complex wildland fire response for a Safety Section Staff during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Develop the protocol to work remotely to the maximum extent possible. Consider limiting paper documents by utilizing electronic documents.
- Ensure Safety Officers and Line Safety Officers have technology and procedures in place to support a virtual environment.
- Configure layout/spacing of assigned work area to incorporate COVID-19 mitigations.
- Increase self-sufficiency to the capacity of being able to support multiple days of food/water and spike camp locations.
- Practice social distancing and utilize daily decontamination procedures of equipment and work areas.
- Develop a protocol to handle an IWI in a partial virtual environment.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Provide pre-screening documentation or process upon check in.
- Conduct Daily “[Am I Fit](#)” checklist and ensure incident personnel are doing this also.
- Assist Operations and Logistics in implementation of “Module as One” concept.
- Ensure COVID-19 Prevention and Screening Protocols are in the IAP and COVID-19 is evaluated in the ICS215-A, or other risk assessment tool.
- Reduce movement of line safety officers between divisions/assigned areas.
- Avoid large groups and follow social distancing guidelines.
- Practice COVID-19 mitigation procedures for equipment and work surfaces daily.
- Re-enforce COVID-19 mitigation procedures in daily Safety message.
- Briefings should utilize virtual options and follow social distancing recommendations.
- Do not share water bottles, food containers, coolers, PPE, snacks, etc.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize personnel virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/6/2020

Liaison Function

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

The deployment of an Incident Management Team into a geographic area that is already entrenched in a pandemic response can be viewed as an incident within their incident. Much compassion to that fact should be exercised when engaging cooperators and other agencies when on assignment.

When on an incident during a pandemic, the number of cooperators and assisting agencies will expand. Atypical agencies could include local hospitals and clinics, local and/or county public health officers, regional healthcare coalitions, local, regional or state EOCs and MACs, some of which may never have encountered an IMT.

Best Management Practices for conducting the Liaison function on wildland fire incidents:

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Maintain social distancing; follow COVID-19 prevention protocols.
- Ensure you are properly equipped/trained to accept virtual assignments.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location; extra clothes, food, water, etc.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization, at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Conduct as much work as possible utilizing technology to attend virtual cooperator meetings and share information with participating agencies.
- Identify and establish relationships with cooperators including health departments and local EOC.
- Provide participating agencies IMT COVID-19 protocols.
- Assist Safety and Medical to gain information regarding the capacity and integrity of the local and regional healthcare system(s).
- Support Safety, Medical, IARR, and home unit during exposure response.
- If deployed to incident site, be prepared for multiple days of self-sufficiency with food, water, clothes, etc.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/8/2020

Incident Commander

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Best Management Practices for conducting the Command function on wildland fire incidents:

Prevention

Best practices to prevent exposure:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- Ensure IMT/overhead are properly equipped/trained to accept virtual assignments.
- Consider creating a C&G level protocol for information sharing and communicating to maintain team cohesion.
- Integrate social distancing and daily decontamination protocols into operations.
- Plan for resource dispersal as logistically feasible; avoid large fire camp configurations.
- Consider IMT/ICP configuration in ways that minimize exposure.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location.
- Develop an IMT COOP Plan with pre-identified backups for critical positions.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices during mobilization/at incident and through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- IMT/ICP should be logistically configured into small groups to minimize exposure of all incident personnel using the “Module as One” concept.
- Coordinate use of virtual positions with agency administrator during initial mobilization.
- ICs for multi-day incidents should designate a fully qualified Deputy IC and remain separated from that Deputy to ensure continuity of command if the IC or Deputy becomes sick.
- Consider utilizing short IMTs with some sections working remotely, based on complexity.
- With safety of *all* personnel as top priority, utilize virtual overhead positions whenever possible.
- Develop Incident Objectives that minimize person to person contact to reduce exposure/transmission of COVID-19.
- Coordinate with local officials on evacuation procedures that incorporate COVID-19 mitigation.
- Consider utilizing heavy equipment and aircraft to reduce personnel exposure when possible, consider reducing emphasis on mop-up operations and demobilizing personnel as quickly as feasible once objectives are attained.

- Briefings should be conducted in small groups with only *essential* personnel.
- Consider remote briefing methods for larger groups.
- Encourage electronic documentation to avoid person to person contact whenever possible.
- Ensure IMT is working in coordination with local health department and/or EOC.
- AAs and ICs should carefully consider the number and type of trainees on an incident in order to reduce the number of personnel at risk (of exposure) while, at the same time, balancing the need to train critical shortage positions and meet IFPM/successional planning needs.
- Consider the impacts of COVID-19 to evacuations and centers. Have discussions early on with law enforcement, local health care providers, and shelter personnel. Minimize the duration of time that citizens are displaced.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Implement IMT COVID-19 response protocols.
- Incident staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Notify agency administrator.
- Incident staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Updated: 4/9/2020

Agency Administrator

The purpose and intent of the Best Management Practices (BMPs) for Agency Administrators is to list practices to limit or prevent the spread of the COVID-19 virus before and during incident response. If known or suspected exposure occurs during an incident response, these practices should be implemented for the individual and any personnel they have had contact with to prevent the spread of the virus. A critical component for an Agency Administrator will be remaining knowledgeable on COVID-19 risks and recommended actions for prevention and update Leader's Intent as necessary. Consideration should be given to an interagency effort to ensure an integrated and common operating picture from leadership.

Whatever actions are taken this season should not be looked at as a temporary fix for a temporary situation. Rather, they should be viewed as potentially long-term changes to how we manage wildland fire in the future.

Prevention

Agency Administrators should provide clear Leader's Intent for the following prevention measures:

- Utilize “[Am I Fit?](#)” checklist ([Appendix C](#)) or other CDC daily self-check.
- The most important value to be protected is human life and that all normal activities of wildland fire will be further complicated with the COVID-19 virus pandemic for the 2020 Fire Year.
- During the 2020 Fire Year, using all viable technology, organizations should maximize virtual environments to the extent possible. This includes all components of complex incident management inclusive of T3, T2, T1 and Area Command organizations, and all components of coordination and dispatch functions.
- With the added complexity of COVID-19, all wildland firefighters have the right to turn down an assignment because of concern about the risk of exposure.
- Provide leader's intent and support for the “Module as One” concept.
- Increase emphasis on the fire prevention program.
- Support and authorize the use of collateral duty firefighters to increase responder capacity.
- Consider closures of areas where the risk of human caused fires could contribute to response workload.
- Communicate with jurisdictional partners any changes to wildland fire strategies and resource availability.
- Manage public and political expectations of wildland fire response in a reduced resource environment; it is going to take political courage to follow through.
- Review approval processes (such as mechanized use in wilderness) to minimize delays that may occur in the initial attack phase of response.
- Use a “doctrinal approach” to address continued sanitation efforts.
- Utilize telework and other social distancing measures when able.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

This area includes Agency Administrator Leader's Intent to implement best practices during mobilization, throughout an incident, and demobilization.

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Ensure local Fire Management and initial attack ICs are provided with clear expectations for utilizing agency COVID-19 related procedures in the emergency response environment.
- Include COVID-19 mitigation procedures and priority in IC's Delegation of Authority and/or leader's intent documentation for T1, T2, and T3 incidents.
- Coordinate with Incident Commander/IMT on use of virtual positions at the time of mobilization and throughout the incident.
- When possible, reduce firefighter commitment to mop-up operations.
- Ensure sufficient incident support staff (logistics, READs, AA representatives) are available.
- Engage with interagency partners on multijurisdictional incidents regarding consistent practices for COVID-19 management in the incident environment.
- Prepare WFDSS products that articulate how the incident strategy or course of actions are influenced by COVID-19 avoidance/management factors.
- Because of mobility issues, understand that a response to incidents will likely be geographic in nature and in some cases neighborhoods (e.g. forest, park, or state wide) and not agency-specific. Coordination with interagency partners within our geographic or neighborhood boundaries will be critical.
- Include objectives for IMTs to use non-traditional fire camps, spike camps, coyote tactics and virtual positions in an effort to support the "Module as One" concept.
- All agencies within the GA with wildland fire responsibilities should consider reducing or eliminating all natural resources and other administrative assignments to support wildland fire efforts.
- Follow the same protocols and principles for BAER activities as wildfires to reduce employee exposure to COVID-19.
- AAs and ICs should carefully consider the number and type of trainees on an incident in order to reduce the number of personnel at risk (of exposure) while, at the same time, balancing the need to train critical shortage positions and meet IFPM/successional planning needs.

Exposure Response

Best practices in the event of a presumptive exposure.

Follow the most current direction from the Center of Disease Control and local health authority, which currently provides the following: Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to COVID-19 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work

shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work.

- When firefighters are demobilized due to potential COVID-19 exposure or symptoms, inform the affected employee's Agency Administrator.
- Ensure staff follow through with tracing potential exposure and employee/cooperator notifications.
- If notified by employee or Health Department of positive COVID-19 test results Inform IC/IMT/Fire Management, without disclosing PII and in compliance with agency policy and HIPPA regulations.

Updated: 4/9/2020

Fire Management Officer

Introduction/Explanation: This document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Pre-readiness and attack planning considering exposure mitigations should become a routine part of daily operations including After Action Reviews. Fire Management Strategy and Tactics should be adjusted to reduce the exposure potential.

Prevention

Best practices to prevent exposure:

- Develop and utilize COVID-19 avoidance procedures for staff and resources.
- Implement daily “[Am I Fit?](#)” checklist.
- Configure modules using the “Module as One” concept.
- Utilize Telework and other Social Distancing measures when able.
- Conduct meetings and briefings in small group or remotely when possible.
- Notify Cooperative agencies concerning COVID-19 mitigation procedures.
- Increase number and size of stand-by locations to limit exposure.
- Maintain needed PPE items and approved cleaning/sanitation supplies.
- Plan work shifts so that resources are able to complete exposure mitigations.
- Assure all work areas are sanitized each day.
- Provide out of area resources a COVID-19 briefing.
- Develop and present COVID-19 exposure simulation trainings.
- Capture and communicate lessons learned from other areas and share with the fire resources as appropriate.
- Conduct reviews of all firefighting resources for COVID-19 preparedness.
- Develop resource drawdown/contingency plan to maintain needed resources.
- Consider using smaller suppression modules of no more than 10 persons.
- Consider ordering qualified resources to manage any additional Aircraft or Heavy equipment use.
- Coordinate with local officials on evacuation procedures that incorporate COVID-19 mitigation.
- Ensure technological capability to participate in a virtual/ remote environment.

Incident Response

Best practices at home unit from initial response through demobilization:

- Follow guidance included in All Personnel Safety Guidance Appendix A.
- Implement “[Am I Fit?](#)” checklist prior to and returning from an incident.
- Utilize social distancing measures as possible before and during travel, and at incident
- Avoid conducting meetings/briefings in closed areas, including vehicles. Conduct by virtual means when possible.
- Adjust travel methods as needed to mitigate potential exposure.
- Sanitize vehicles and equipment daily.
- Minimization of COVID-19 exposure risk to fire personnel and the public should be a priority regarding all fire management activities.
- Elevate importance of smoke impacts in fire management decision making.
- Consider allowing remote fires to burn based on values at risk.
- Consider increased use of aircraft and heavy equipment to keep fires small and minimize numbers of responding personnel.
- Add COVID-19 topics to all briefings and After Action Reviews.

Exposure Response

Best practices in the event of a presumptive exposure.

- Personnel should report symptoms or potential COVID-19 exposure to supervisor immediately and initiate onsite self-isolation/self-quarantine.
- Supervisor will report through chain of command to IC or local agency administrator.
- Fire Management Staff will interview person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols.
- When possible use virtual interview methods.
- Decontaminate any equipment and locations before returning to service.
- Demobilize person virtually, to home unit if possible; follow COVID-19 public health orders.
- Follow existing public health orders for transportation arrangements back to unit.
- Fire Management staff will work to identify and inform others potentially exposed, check for symptoms and determine if there is a need for decontamination or further action.
- Follow agency protocols and regulations regarding use of affected person’s name(s) and information.

Updated: 4/8/2020

Appendix C – “Am I Fit?” Checklist

“Am I Fit?” checklist:

1. Do I have a fever, cough or difficulty breathing?
2. Have I been exposed to anyone that has tested positive for COVID-19 or has exhibited fever, cough or difficulty breathing?
3. Do I have any underlying health or other issues that may place me in a high risk category?
4. Have I over the last 14 days, traveled to countries or regions:
 - a. Which are a Federal, state/tribal or local government acknowledged widespread, community outbreak of COVID-19 or
 - b. To areas or counties which the Federal government has issued an active travel restriction or advisory, e.g., reconsider travel to, travel not recommended, only essential travel or do not travel.
 - c. If so, should I be in a 14-day self-quarantine?
5. If either 1, 2, 3 or 4 is true report to your supervisor/COR prior to leaving and await their direction. Employees with high-risk exposures to COVID-19 (defined as exposure to a sick household member or intimate partner, or providing care in a household to a person with a confirmed case of COVID-19) may also need to be excluded from work until no longer at risk for becoming infectious to fellow employees or contractors.

Appendix D – Contact List

CONTACTED FOR WFRP DEVELOPMENT		
STATE/Agency	NAME	HOME AGENCY ROLE
Air Force	Michelle Steinman	Chief, Wildland Fire Branch
Army	Anne Jewell	Wildland Fire Program Specialist
BIA Midwest and Eastern Regions	Tom Remus	Regional FMO, Midwest Region
BLM Eastern Region	Michael Boomer	Regional FMO, Eastern Region
Connecticut	Helene Hockholzer	Protection
EA IMT Incident Commander (Gold Team)	Brian Pisarek	Fire Program Forester, MN DNR
Eastern Area Coordination Center	Laura McIntyre-Kelly	Center Manager
Eastern Area Coordination Center	Brendan Neylon	Assistant Center Manager
FWS Midwest	Jason Riggins	Midwest Regional Fire Management Coordinator, USFWS
FWS Northeast	Art Canterbury	Northeast Regional Fire Management Coordinator, USFWS
Illinois/Big Rivers Compact	Tom Wilson, CF	Forest Protection Program Mgr., IL DNR
Indiana	Darren Bridges	State Fire Coordinator, IN DNR
Iowa	Gail Kantak	State Fire Supervisor, IA DNR
Maine	Bill Hamilton	Director, Forest Protection, MA Forest Service
Massachusetts	Dave Celino	State Fire Supervisor, MA DNR
Michigan	Dan Laux	State Fire Supervisor, MI DNR
Michigan Aviation Manager	Kevin Jacobs	Aviation Manager, MI DNR
Michigan Interagency Dispatch Center	Joe Alyea	ZFMO, USFS
Mid-Atlantic Compact	Bob Hartlove	Mid-Atlantic Compact Representative
Minnesota	William (BJ) Glesener	Wildfire Suppression Supervisor, MIFC, MN DNR
Minnesota Assistant Aviation Manager	Matt Woodwick	Assistant Wildfire Aviation Supervisor, MN DNR
Minnesota Aviation Manager	Darren Neuman	Wildfire Aviation Manager, MN DNR
Missouri	Ben Webster	Wildland Fire Supervisor, MO Dept. of Conservation
NE Compact (Also EACG)	Tom Brady	Deputy Executive Director, NE Forest Fire Protection Commission
New Hampshire	Steve Sherman	State Fire Supervisor, NH Dept. Natural and Cultural Resources
New Hampshire	Brad Simpkins	Director/State Forester, NH Dept. Natural and Cultural Resources
New Jersey	Stephen Maurer	Preparedness Supervisor, NJ Forest Service
New Jersey State (Air Program)	Steve Maurer	Assisatant State Fire Warden, NJ Forest Fire Service
New York	John Solan	Captain, Acting Div. Director, NY State Dept. of Environmental Conservation
NPS Midwest	Patrick Pearson	Chief, Fire and Aviation
NPS Northeast Region	Mark Musitano	Regional FMO, Northeast NPS Region
Ohio	Greg Guess	Deputy Chief, OH DNR-Division of Forestry
Pennsylvania	Mike Kern	Chief, Div. of Forest Fire Protection, PA Bureau of Forestry
Rhode Island	Olney Knight	Principal Forester, Fire Program, Arcadia Mgt. Area Environment, RI Dept. of Environmental Management
USFS Eastern Region	Jon Anger	Assistant Director, Fire Operations
USFS Eastern Region	Brian Schaffler	Regional Fuels Program Manager
Vermont	Lars Lund	State Fire Supervisor, VT Agency of Natural Natural Resources
West Virginia	Walt Jackson	Asst. State Forester, WV Division of Forestry
Wisconsin	Jim Barnier	Forest Fire Suppression Speciaist, WI DNR

Appendix E – Common Themes

Common Themes and Key Points

These common themes and key points were collected from 24 different interviews conducted with leadership of State, Compact and Federal fire management programs in the Eastern Geographic Area. They are presented here to share commonalities discovered among cooperators in current COVID-19 wildland fire response initiatives across the Eastern Geographic Area.

INITIAL ATTACK THEMES

- Initial attack (IA) fire suppression should be the highest priority for investment of resources. We must emphasize the need to catch fires during IA and prevent long duration fires.
- Initial Attack should be conducted in force (aircraft primarily) to avoid emerging and complex incidents while being cognizant of shifting too much IA risk to Air Ops. However, we must limit the number of personnel responding to only the number needed to get the job done.
- Managing fire for resource benefit and using more confine/contain strategy will assist in reducing the number of responders exposed to each other and the public.
- Many units are only staffing at High Fire Danger and above. Units should consult their appropriate Fire Danger Rating System outputs for appropriate break points.
- Initial Attack may need to rely more on local agencies/VFDs due to potentially reduced staffing of wildland fire programs.
- Programs may not realize that staff have been exposed to COVID-19 on a fire until after the fact.
- Any loss of local fire department resources will have negative effects in IA capabilities.
- Prevention activities should be increased as a way to mitigate IA workload. Statewide burn bans are being enacted.
- Almost all agencies have halted prescribed fire operations.
- Fire programs should maintain their seasonal/temporary fire staff. Don't be pressured to reduce fire staff just because they may not be doing fuels work (prescribed burning).
- In order to provide IA capability while teleworking, some units are assigning take-home suppression vehicles. Consideration needs to be given to radio coverage while at home as well as winterization for wet units stored outside.

EXTENDED ATTACK THEMES

- Extended attack will be difficult without bringing in outside resources. Outside resources may be limited due to state/local travel restrictions.
- Incident Commanders/Fire Managers should order resources early in order to allow time to get necessary clearances for travel.
- Follow guidance on checking employees for fever before and after assignment; stay home if potentially sick.
- Smaller fire camps with less resources and services in them will be the norm.
- Some regional Type 3 teams may be available to reduce reliance on teams coming from outside the immediate area, but they cannot be maintained for long durations.
- Prioritizing large fires based on values at risk will need to occur for assigning IMTs and those resources able to travel. This is similar to current air resource prioritization. An example would

be assigning resources to conduct point protection in more rural or wilderness environments and full suppression response in WUI environments.

- The Eastern Area MAC group has limited the current Type 2 Incident Management Teams and 1 Interagency Hotshot Crew to assignments within the Eastern Geographic Area due to resource shortages, COVID-19 concerns related to travel and the beginning of the region's fire season.

DISPATCH AND COORDINATION THEMES

- State fire management programs are coordinating with their State Emergency Operation Centers (EOCs) as needed. Some are assisting with staffing EOCs.
- The new Interagency Resource Ordering Capability (IROC) system at the time this is being written is not fully functional, creating challenges.
- The dispatch system may not be able to support Tier 3 dispatch centers due to staffing/illness/telework issues.
- Technology issues (radios, dispatching systems) are concerns during modified dispatch staffing.
- Back-up plans for Tier 3 dispatch are essential. Specifically, the ability to cover for each other (radio, computer systems). This may strain IT systems with so many teleworking.
- Coordination between cooperators and dispatch centers is essential for IA and extended attack success.
- Don't forget about Non-Governmental Organization (NGO) cooperators in planning. Many have resources that could be used to supplement already limited suppression resources.

CURRENT STAFFING PLAN THEMES

- Many units are only staffing at High Fire Danger and above. Units should consult their appropriate Fire Danger Rating System outputs for appropriate break points.
- Some states aren't hiring seasonal staff due to current uncertainties and/or office closures.
- Wide range in staffing plan maturity between states (and provinces). Some, e.g. MN have solid plans, while some have little in place to ensure continued capability in light of absenteeism, travel restrictions, etc. Some areas were still under snow and getting plenty of rain when interviews were conducted.

OTHER THEMES AND KEY POINTS OF DISCUSSION

- Some units are rotating staffing in order to reduce exposure to each other and the public. Crews are alternating between working the field and working from home.
- Units are assigning personnel to specific vehicles for the duration of the season to prevent cross-contamination.
- There was concern about a potential for fire qualifications to lapse due to lack of annual refreshers and fitness tests, though recent NWCG, DOI, USFS memos have now addressed this.
- In these stressful times, work to maintain the mental health and fitness of ourselves and our staff.

Appendix F -- Acronyms and Abbreviations

AA	Agency Administrator
AAR	After Action Review
ACT	Area Command Team
AHIMT	All Hazard Incident Management Team
AT	Air tanker
ATGS	Air Tactical Group Supervisor
BAER	Burned Area Emergency Rehabilitation
BMP	Best Management Practice
C&G	Command and General Staff
CDC	Centers for Disease Control and Prevention
CIDRAP	Center for Infectious Disease Research and Policy, University of Minnesota
COVID-19	The disease that is caused by the SARS-CoV-2 virus
COOP	Continuity Of Operations Plan
COR	Contracting Officer Representative
CREP	Crew Representative
CTR	Crew Time Record
CWN	Call When Needed Aircraft
DEMOB	Demobilization Unit
DoD	United States Department of Defense
DOI	Department of Interior
EA	Eastern Area
EACC	Eastern Area Coordination Center
EACG	Eastern Area Coordinating Group
EMS	Emergency Medical Services
EOCS	Emergency Operations Centers
EPA	United States Environmental Protection Agency
ERE	Emergency Response Employee (or Entity)
ESF4	Emergency Support Function #4
FAA	United States Federal Aviation Administration
FD	Fire Departments
FEMA	Federal Emergency Management Administration
FLIR	Forward-Looking Infrared
FSC	Finance Section Chief
GA	Geographical Area
GACC	Geographical Area Coordination Center
GACG	Geographical Area Coordinating Group
GSA	United States General Services Administration
GMAC	Geographic Coordinating Group Multi-Agency Coordination
GSS	General Support System

HIPAA	Health Insurance Portability and Accountability Act
IA	Initial Attack
IAIC	Initial Attack Incident Commander
IAP	Incident Action Plan
IARR	Interagency Resource Representative
IC	Incident Commander
ICP	Incident Command Post
ICP	Incident Command Post
ICS 204	Incident Command System Assignment List
ICS 214	Incident Command System Activity Log Form
ICS 215	Incident Command System Operational Planning Worksheet
ICS 215R	Incident Command System Worksheet-Risk/Hazard Identification and Mitigation
ICS 220	Air Operations Summary
IFPM	Interagency Fire Program Management Standard
IHC	Inter-agency Hotshot Crew
IMT	Incident Management Team
IFPM	Interagency Fire Program Management
InciWeb	A NWCG interagency all-risk incident information management system
IR	Infrared
IROC	Interagency Resource Ordering Capability
IT	Information Technology
IWI	Incident Within an Incident
JFO	Joint Field Office
LEAD	Lead plane
LOFR	Liaison Officer
MAC	Multi-Agency Coordination
MAC	Multi-Agency Coordination
MAFFS	Modular Airborne Fire Fighting System
MEDL	Medical Unit Leader
MERS	Mid-East Respiratory Syndrome
MERS-CoV	The virus that causes Mid East Respiratory Syndrome
MI DNR	Michigan Department of Natural Resources
MN	Minnesota
MN DNR	Minnesota Department of Natural Resources
MRE	Meals Ready to Eat
N95	A designation of a respirator mask that blocks 0.3 micron test particles
NESS	National Enterprise Support System
NFES	National Fire Equipment System
NG	National Guard
NGO	Non-Government Organization

NIFC	National Interagency Fire Center
NIOSH	National Institute for Occupational Safety and Health
NITC	National Information Technology Center
NMAC	National Multi-Agency Coordinating Group
NPS	National Park Service
NWCG	National Wildfire Coordinating Group
OEM	Original Equipment Manufacturer
OSC	Operations Section Chief
OSHA	Occupational Safety and Health Administration
PACE	Primary, Alternate, Contingency and Emergency
PH	Public Health
PII	Personally Identifiable Information
PIO	Public Information Officer
PPE	Personal Protective Equipment
PT	Physical Training
RADO	Radio Operator
READ	Resource Advisor
SARS	Severe Acute Respiratory Syndrome
SARS-CoV-2	The virus that causes COVID-19
SMKJ	Smokejumper
SOFR	Safety Officer
SOP	Standard Operating Procedures
T1	Type 1
T2	Type 2
T2 IMT	Type 2 Incident Management Team
T2IA	Type 2 Initial Attack
T3	Type 3
UAS	Unmanned Aircraft Systems
USFA	United States Fire Administration
USFS	United States Forest Service
USFS-AD	United States Forest Service-Administrative Determined
USFWS	United States Fish and Wildlife Service
VFD	Volunteer Fire Departments
WFM	Wildland Fire Module
WFRP	Wildland Fire Response Plan
WHO	World Health Organization
WI DNR	Wisconsin Department of Natural Resources
WUI	Wildland-Urban Interface