BLM Arizona

Fire Management Program

2020 Fire Season COVID-19 Mitigation Plan

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Background

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 and Severe Acute Respiratory Syndrome. 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.

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. Most COVID-19 cases—about 80 percent—appear to be mild, causing a spate of cold-like symptoms like coughing, shortness of breath, runny nose, sore throat, feeling unwell, 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. Also, wildfire and prescribed fire smoke exposure may have an impact on the human immune system as well as potential to exacerbate the symptoms of COVID-19 due to smoke exposure in responders and the public.

The virus can move 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. 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.

Scope

This plan specifically references and provides direction on maintaining continuity of wildland fire response, ensuring sustained resource availability, and 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 State.

The following strategy is designed to ensure that BLM Arizona maintains their responsibilities for maintaining all aspects of wildland fire response, and specifically to maintain initial attack, extended attack, and large fire response, as well as coordination and support functions (dispatch, cache, etc.). This document outlines potential scenarios that may be encountered at all levels involved directly or indirectly in wildfire response, provides general strategies and implementation considerations pertinent to resource levels, and recommends best practices highly relevant at local levels and various functional areas of wildfire response activities during this pandemic.

This Mitigation Plan for the COVID-19 Pandemic for BLM Arizona is a living document and will be reviewed and updated as appropriate.

Objectives

- Maintain responder and public safety as the primary driver for all decisions.
- Identify issues caused by impacts of the COVID-19 pandemic and how they relate to wildfire response and mitigation within BLM Arizona.
- Develop Wildfire Response Plans that address strategies that are integrated within the lines of the National Response Framework and in cooperation with our Interagency partners that will:
    - Maintain initial and extended attack capabilities,
    - Maintain dispatch and coordination capabilities,
    - Identify mitigation procedures for impacts from potential COVID-19 exposures and illnesses during the 2020 fire season,
    - Identify procedures for isolation, quarantine, and in-place treatment of resources on preposition, staging, wildfire, or all-risk incidents,
    - Identify methods to prioritize the allocation of resources to wildfire and all-risk incidents during the COVID-19 pandemic,
- Develop Wildfire Prevention and Public Information campaign to mitigate, as much as possible, the incidence of human-caused fire within the State, and

- Due to the evolving impact COVID-19 is having on national, state, and local supply chains, evaluate and develop enough logistical support capacities and procedures to support fire operations across the State.
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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.

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 personnel absences, even in the event of a small to moderate percentage of individuals becoming unavailable due to exposure to COVID-19. In the event of a high disease spread scenario with a high rate of infection and the associated loss of individuals from service, even a moderate activity fire season severely tax the ability to maintain an adequate wildfire response.

This Plan is being prepared to define strategies to assess risks, develop implementation actions, and identify immediate, mid-term, and long-term needs to ensure that wildfire response capability can be maintained across the State. Exposure avoidance, exposure mitigation, equipment and facility maintenance and care along with strategies for ensuring resource availability will be addressed in these plans.

Wildland Fire Response Elements

Wildland fire response element information and considerations are not presented in discrete item-by-item format. Rather, since some information is more applicable to a management standpoint and useful by decision makers, it is provided as strategic considerations with State and local perspectives in mind. Other information is more useful and applicable to the

district/local level implementers and functional groups who may be on the first line of exposure to the disease. That information is presented as best management practices with direct adoption and implementation in mind.

For this season, the direction of wildland fire response actions will focus on suppression strategies with the goal of reducing the total number of responders needed to achieve objectives by using the full breadth of fire management tools. Considerations may alter how we meet management goals but should not lead to higher-risk tactics. Fire management decisions should focus on strategies and tactics that reduce exposure to COVID-19 and smoke impacts to communities. In many cases, swift Initial Attack may be the default response. However, each situation is unique and must be critically assessed through risk-informed decision making.

Some considerations that may help us be successful include:

1. Minimize responder exposure to COVID-19:
   - Prevention and public education
   - Proactive implementation of restrictions
   - Identifying response areas that are higher priority/higher risk
2. Practice social distancing:
   - Implement social distancing at the module level
   - Expand isolation and quarantine efforts before and after fires
   - No traditional fire camps, emphasis on modular isolation
3. Possibly limit the sharing of resources and increase the use of technology.
4. Pre-screen incoming resources from outside local areas.
5. Strategically move current resources in a local/regional manner.
6. Take precautions to limit exposure and spread of COVID-19.
   - Extreme vigilance for screening, testing (where available), quarantining, and tracking our firefighters
7. Extensively communicate and coordinate with our workforce, partners, cooperators, contractors and the public.

Before the Fire

Prepare Firefighters, Develop Protocols, Build New Systems:

1. Prevention:
   - Implement public information campaigns to inform the public about fire response concerns including fire restrictions to reduce the potential for human caused fires.
   - Coordinate fire restrictions with all partners for consistent messaging to the public.
   - Educate first responders with data and a basic understanding of causal mechanisms and effective mitigation of COVID-19 (see Tool Kit in Appendix).
   - Survey first responders to develop lists of those pre-disposed to respiratory illness and factor this into their assigned roles and tasks on large incidents.
2. Planning:
   - Pre-identify potential control locations for initial attack response.

- Identify and mitigate potential sources of fires (e.g., mowing along high-risk roadways, fire line preparation, utility clearing, WUI treatment).
- Conduct simulations such as sand table exercises as a good way to "game out" with our firefighters and cooperators COVID19 situations and considerations.

During the Fire

Modify Strategies, Tactics, and Logistics:

1. Priority:
   - Initial attack response should align with direction to limit the risk of exposure and spread of COVID-19. This should involve strategies and tactics that minimize the number of people needed to respond (i.e., using more aerial assets) and that reduce the incident duration while not compromising probability of success.
   - Emphasize containment in order to minimize assignment time.
   - Make decisions that will minimize the number of responders needed to meet objectives.
   - When reasonable, consider strategies and tactics that minimize the need for suppression repair and BAER personnel to respond to incidents.
2. Technology:
   - Utilize remote operations, briefings, sensing and surveillance, fuel modeling/sensing; fire behavior modeling/projections; etc.
   - Use technology to communicate using virtual tools.
   - Increase use of satellite technology, UAS and webcams when applicable.
3. Camp:
   - When possible, shift operations and logistics from single, large camps to multiple, satellite camps that support the separation of people.
   - Incident Command Teams may utilize hotels were individual rooms allow for separation. Fire camps may be organized based on divisions on a fire and local restaurants may be able to support these smaller camps.
   - Briefings will be conducted via radios and/or other virtual tools when applicable, to reduce face-to-face interactions.
   - Expanded medical support (as needed and if possible).
   - Isolate modules (dispersed camping).
   - Implement two-way isolation: closed camps with security, and no leaving camp to travel into community.
   - Define and implement more rigorous cleaning and sanitation protocols
4. Communication:
   - Expand the use of technology and local networks for remote/virtual community meetings and updates; use broadband channels to reach affected communities (e.g., radio, social media.

After the Fire

Ensure Safety, Recovery and Rehabilitation:

1. Rest, Recovery and Reassignment: take precautions to limit potential spread of COVID-19. This may include:
   - Continued screening and testing
   - Module quarantines (Fire modules should not report to the office but a designated location that allows for the crew to interact and work without exposing them or other employees. Work should allow for the continued separation of crews if they continue to remain available nationally.)
   - Consider possible exposure and need for quarantine period, isolated assignment, etc. Consider grouping exposed modules together if reassignment is required. Evaluate ability/capacity. Careful tracking will be necessary. Increased employee support such as peer support, family liaisons, etc. (be prepared to provide it virtually)
2. Decontamination:
   - Equipment and facilities: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html
3. Burned Area Emergency Response (BAER):
   - Consider need for BAER; potentially modify strategies and tactics (remote support), prioritize high risks, limit personnel.
4. Tracking:
   - Forward and backward monitoring of all module-to-module, person-to-person, and community interactions
5. AAR Specific to COVID-19 Response
   - Institutionalize what we learn from the COVID-19 crisis and incorporate that into our risk management SOPs.

If Infected
Isolation and/or Self quarantine:

- **Isolation** separates sick people with a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

General Guidance

As first responders and fire leaders, we need to be strategic in the way we mitigate COVID-19 virus risk by taking practical and effective measures to avoid exposure to the virus in order to keep our workforce healthy and productive.

The following mitigations are recommended:

1. Continue to monitor and follow CDC recommendations and DOI guidance posted on the “All DOI Employees COVID-19 Information Portal”:

https://doimspp.sharepoint.com/sites/doicov?CT=1584715897369&OR=OWA-NT&CID=85677415-f130-7431-3ccd-da8a7f70bef4 and BLM guidance.

2. Adopt an "insulate the module as one" mentality. Due to the nature of our business, wildland firefighters are often unable to maintain recommended social distances when accomplishing our mission. It is crucial for modules to stay heathy as a unit, so think of each module (engine module, IA or Rx module, etc.) as one individual/family unit. This is no different from our desire to insulate our families at home from COVID-19; we must also insulate our fire family.
3. Monitor each other: watching for symptoms and taking your temperature regularly are the best methods for identifying the virus early. Close proximity, when required, is not an issue if everyone on the crew is healthy.
4. Insulate mission-critical fire staff (including dispatchers, warehouse and support staff) from the general public, office staff and nonessential partners. This may mean restricting certain areas and creating physical separation between modules, support functions and other mission essential functions. Consider designating restrooms, breakrooms and traditionally shared workspaces, if practical, for specific functions.
5. Most importantly, impress upon your fire family the personal responsibility off hours to reduce the potential to bring the virus into the workplace. Provide clear leader's intent and expectations of fire staff on their off-duty responsibilities to protect themselves and their crews from exposure. This should include following CDC guidelines; avoiding restaurants, bars and crowds larger than 10 people; self-monitoring; reporting potential exposure; and staying home from work if exposed or sick.

Home Unit – General Preparedness Activities

1. Physical training should be conducted outdoors rather than using indoor training facilities. Stagger PT time for modules if necessary. Maintain social distancing in shared locker rooms and ensure shared facilities are thoroughly sanitized.
2. Daily readiness activities (operational briefings, safety meetings, weather reports, staffing plans), if practical, should be done in well ventilated facilities or outdoors.
3. Consider telework options for modules once preparedness activities are complete, if local fire conditions allow.
4. Consider alternative methods to present and attend training (online, virtual, etc.).
5. Clean work areas and vehicles frequently and between operational periods. Make necessary cleaning supplies readily available.

Home Unit – Elevated Fire Danger Activities

1. Consider staggered shifts for different modules, dispatchers and support staff. However, avoid crew member swaps or rotations if possible. Maintain the "insulate the module as one" mentality.

2. Fire managers should work closely with local, regional and national line leadership to evaluate local fire conditions and consider implementing fire restrictions and area closures earlier than normal to reduce the potential for human-caused fires.
3. Fire detection patrols should be done by module to ensure they remain insulated.
4. Consider virtual or remote prevention activities and messaging.
5. Increase fire information signage and ensure fire reporting information is well posted at visitor centers and other common gathering areas.

Initial Attack, Fuels Management and Project Work

Initial Attack should be the highest priority for investment of resources. We must emphasize the need to catch fires during initial attack and prevent long-duration fires.

1. Weigh the risk of responding in multiple vehicles; **driving is still one of our highest-risk activities**.
2. Stock vehicles with disinfecting wipes, hand sanitizer, and soap.
3. Consider radio or remote briefings for incoming resources, instead of individual briefings.
4. Do not share PPE, flight helmets, radios or other equipment.
5. Use MREs, single-serve sack or boxed meals instead of food lines. Evaluate drinking water supply options; don't share cubies if possible.
6. Provide extra handwashing stations if possible.
7. Disinfect vehicles and equipment, and wash PPE after each response.
8. Consider more rest between responses. Typical 2:1 work/rest mitigation may not be enough to keep people healthy this year.

Prescribed fire activities, if implemented, must occur in strategic locations which mitigate wildfire risk. Programs must identify the most effective and appropriate activities to reduce wildfire risk while considering all types of treatment options and the ability to effectively accomplish them.

Prioritize projects which most clearly meet established performance and accountability measures:

1. Protecting values at various geographic scales identified through collaborative efforts with communities, counties, state, and federal stakeholders such as those highlighted in local Community Wildfire Protection Plans (CWPPs), equivalent plans (CWPP/E), or agency-prepared plans.

Reducing wildfire risk through fuels management activities and safely and efficiently responding to wildfire are core functions of the wildland fire management program. Maintain planning and prioritization processes while also evaluating go/no go checklists for prescribed fire deemed to be mission critical. Any escaped prescribed fire or escaped portion of a prescribed fire will impact the interagency wildland fire response capability and must be addressed in the go/no go process.

Severity

1. Utilize Instruction Memorandum No. FA IM-2020-010 Bureau of Land Management Fire Severity and Preposition Fund Guidance on process to request severity due to COVID19 response.

2. Evaluate and pre-identify hotels and food vendors based on cleaning practices.
3. Use single-serve sack or boxed meals, take-out, drive-through, etc. instead of dining in restaurants.
4. Consider positioning resources in non-typical locations than in the past, i.e., perhaps not at the same station as local resources.

Extended Attack/Large Fire

1. Weigh the risk of responding in multiple vehicles; driving is still one of our highest-risk activities.
2. Consider closed camps.
3. Consider non-traditional fire camps with an emphasis on modular separation.
    - Eat and brief outdoors and designate larger areas than normal for both.
    - Consider eating in shifts with sanitization between shifts. Do not allow lines. Do not allow self-serve eating models.
4. Camps should be designed so crews can maintain separation from each other:
    - Consider separate "pods" for each crew, to include sleeping areas, restroom facilities, and eating areas.
    - Consider each crew maintaining self-sufficiency.
    - If common eating areas must be used, consider eating in shifts and cleaning between shifts. Also consider modifying typical feeding procedures (i.e., no salad bars), use single-serve sack, boxed meals or MREs.
    - Utilize remote/radio briefings or expand briefing areas to accommodate 6 foot spacing.
    - Order extra handwashing stations and portable restrooms. Consider shower and laundry units.
    - Consider if IMT or camp functions can be accomplished remotely.
    - Maintain ice chest/cooler cleanliness by cleaning hands prior to use.
    - Expectations of regular shower use, when available, by firefighters should be conveyed to personnel.
    - Clean or change PPE often; this is not the year to proudly wear dirty Nomex.
    - Plan shifts to allow for more rest than historical norms. Consider more rest between responses.
    - Plan operations to reduce smoke exposure. This includes significantly limiting mop-up.
    - Emphasize strategies with low resource demand and high likelihood of success.
    - If incidents are more than a day's drive from the home unit, support and encourage R&R at the incident to reduce responders' exposure to the virus during travel home and back to the next incident.
    - Strongly encourage self-isolation, if practical, for firefighters returning from extended attack/ large fire support incidents to protect family members from potential exposure

Dispatch/Coordination

- Isolate dispatch personnel from other members and outside contacts.

    - Only personnel with essential dispatch functions allowed in subsequent dispatch centers.
- Rotate members through telework assignments to limit exposure.
    - Utilize remote/telework operations as much as possible.
- Ensure availability of enough laptops, cell phones, and mobile base station radios to operate remotely.
- Increase cleaning schedule and for all telework equipment.
- Ensure back-up communications and dispatch systems are available and working.

Fire Cache/Logistics

- Incidents lasting more than 24 hours with at least 20 personnel should have hand wash station and porta-potties ordered if camping in unsupported area.
- Isolation of Cache area to only essential personnel to prevent exposure of supplies.
    - When filling cache orders, personnel should employ exposure control practices to include use of surgical masks and disposable gloves.
- Supply all resources with hand sanitizer and at least one package of disinfecting wipes/solution to decontaminate surfaces and vehicles frequently.
- Meals/Catering:
    - No buffet-style service; all meals to be individually packaged and boxed per incident resource.
    - Increased reliance on cubie water if bottled water shortage continues.
    - No camp dining area; resources should dine in areas distant from one another.
- Camping areas should provide sleeping/eating areas where crews can remain at safe distances and allow personnel 6 feet of personal space when possible.
- Provide Infectious Disease Kits – 10 Person (NFES 1657) to all resources.
    - Total 25 kits
- Only essential personnel in fleet and communications offices.
- Clean out and disinfect potential crew sleeping/staging areas.

Aviation

- Essential personnel (pilots) should seriously consider self-isolation with limited public contact.
- Increased use of electronic situational awareness tools for briefings and updates:
    - Collector, Microsoft Teams, Zoom meetings
    - May require expansion of internet availability at SEAT bases.
- Fewer ground resource availability will require more frequent and earlier use of aviation assets, especially fixed wing aircraft.
    - May increase fire costs and have increased impacts to annual suppression budget.
    - Will require greater State/Federal coordination for the prioritization of aircraft use.
- Minimize interaction with the general public and communities during times of standby, extended standby and non-pay status.

- Utilize virtual briefings and updates when able to minimize person-to-person contact and groups.
- During periods of standby and extended standby, allow flight crews to isolate themselves in quarters and respond from quarters directly to aircraft with minimal person-to-person contact with public and base personnel.
- Aircraft Dispatch Forms to be delivered to all resources electronically instead of person-to-person.
- Allow flight crews, dispatch centers, and base personnel to assess locations for adequate lodging and meals prior to changing locations of air crews to recover overnight. Flight crews may recover overnight to the same location to minimize exposure.
- All personnel that show any symptoms of illness are to immediately isolate as recommended by CDC/FAA and report to supervisors and hosts.
- Staff base with minimal personnel for appropriate time frames during standby periods allowing base personnel to work and respond from quarters.
- Program managers and contractors are encouraged to create schedules to minimize aircrew rotations including eliminating 7-day coverage and having flight crews take the same days off.
- Airbase, flight crews and/or contractors may implement a daily log or checklist for aircrew health status.
- Consider multiple locations for aircraft placement to spread out resources and minimize large group gatherings of incident and aircrew personnel.
- Restrict access to each aircraft to essential personnel. Wash hands as directed by the CDC, FAA and NWCG.
- Minimize transporting passengers to missions deemed necessary; clean each aircraft between flights in accordance to FAA direction.
- Use of shared personal protective equipment should be minimized and cleaned before utilization.
- IMTs and Fire Managers should consider reducing staffing numbers when approved and applicable such as:
    - Requesting 2-for-1 helicopter management (restricted / limited) helicopters.
    - Request waiver for management of 4 SEATs via one SEMG or ATBM.
    - Expect to utilize and provide pre-approvals for extension of personnel to 21 days.
- Due to dynamic situation of COVID-19 pandemic, air-base operations at times may not meet policy requirements. In these cases, prior to the deviation, it will be reported to supervisors who in conjunction with aviation managers will analyze the risk and determine if the operation should continue.
- Airbases may be unstaffed or closed due to COVID-19 activity.

Operations

- It should be noted that State cooperator resources are available on a limited day-to-day bases based on commitments to their jurisdictions and progression of the pandemic. Close coordination of the BLM districts is needed to know availability of these resources.

- Duty Officers (DO) should be prepared to preposition our crews, heavy equipment, engines, and aviation resources as fire activity moves around their districts and state.
- Incident Commanders may utilize the crews in a non-traditional fashion and request them as 10-person modules instead of a complete IHC/Type 2 IA crew.
- If a District begins having a large amount of fire activity, the State Office DO will work with the District to insure a minimum of two engines available within the District for Initial Attack (IA) response.
- Increased use of heavy equipment (HEQ) and aviation resources with aggressive IA efforts to keep fires as small as possible.
- Overhead members should self-isolate to avoid meetings, office common areas, and public to limit exposures.
- Personnel should ensure 6-10 foot spacing when setting up camp areas, during briefings, and when sleeping.
- Place contained fires into patrol status as soon as reasonable to make resources available for new fire starts.
- If possible, in extended attack, prioritize night operations over day operations. Utilize limited personnel to monitor fire activity during burning period.
- All fire/smoke reports will get immediate response from closest most appropriate overhead.
- As fire activity increases and districts become overwhelmed, the zones may institute a "Fire Complex" system of organization in order to better allocate resources, divide up work assignments, and manage large numbers of new and ongoing fires.
- Cooperator resources may become suddenly unavailable or may have to return to quarters during a fire assignment depending on local impacts of COVID-19.
    - Outside of area cooperators should be isolated away from our local Federal and State resources if possible.
- Medical resources such as Rapid Extraction Modules (REMS) and Fireline Medical Teams may have limited to no availability based on Cooperator capabilities.

Safety

- All personnel will utilize hand washing or hand sanitizer before entering and leaving of vehicles.
- All vehicles and equipment will be disinfected according to CDC recommendations after every assignment.
- Resources (separate engines, crews, modules) should avoid congregating jointly while at duty stations, prepositioning and staging.
- During travel status, personnel should avoid lining up in stores for restrooms. If possible, congregate outside and allow limited personnel in the store at a time.
- If an area is receiving high fire activity, designate a "Zone" Safety Officer to assist in management of safety and infection/exposure control issues.
- Documentation and tracking of exposures, isolations, quarantines, and workers-compensation:
    - Isolation of employees with symptomatic or infected family members.
    - Creation/approval of exposure forms.
    - On-incident/in-place isolation and quarantine guidelines.

  - Testing program for exposed/potentially infected members.
- Vaccination program drive if/when COVID-19 vaccinations become available.
- Implementation of a daily personal temperature/symptom check.
  - If employees have a low-grade fever or any illness symptoms, they should avoid work and public exposure for 24-48 hours. After that period, they should reassess their status with their supervisor.

Planning/Preparedness

- Utilization of 100% digital products to reduce exposure vector of our printed products.
  - Requires development of digital incident organizers and Incident Action Plan (IAP) Templates.
- Use of Collector for tactical mapping and elimination of printed maps.
- Virtual, remote planning functions for type 4 and type 3 incident support.
- Provide for 24/7 conference call support for zone, district or state fire calls. Ensure enough conference bridge lines are available for district use.
- Video/teleconferencing should be considered for meetings and briefings.
- Training/Qualifications
  - Extend current qualifications for one year to include Work Capacity Test (WCT).
  - Expand future training to include discussions regarding limiting disease transmission and exposure prevention/mitigation.
  - Virtualize as much training as possible.

Finance

- Utilization of digital Crew Time Reports (CTRs) and Equipment Invoices (Shift Tickets).
  - Would be emailed between line supervisors and resources for signatures.
  - Develop a process to submit field resource documents electronically.
  - IT will need to approve the addition of a mobile PDF reader/editor application.
- All other documents should be completed via teleconference and digitally if possible:
  - Land Use Agreements (LUAs)
  - Cost Share Agreements and negotiations
  - Emergency Equipment Use Agreements (EERAs)
  - Blanket Purchase Agreements (BPAs)
- Limit any paper invoices, CTRs, and Shift Tickets coming into fire business specialist.

Prevention/Public Information

- Increased public outreach and wildfire safety education, via social media, our agency mobile phone application, and public service announcements. Pre-season virtual public meetings may also take the place of in-house community meetings to make the public aware of the unique challenges faced this fire season.

- Earlier implementation of fire restrictions and the possibility of moving directly into Stage II. This helps reduce the amount of public traffic on Federal lands. Thus, this decreases the fire risk and helps reduce the strain on our resources.
- By patrolling communities, including higher risk areas, we could catch fires quicker. Plus, patrols also help show agency presence in communities and aids with the agency's prevention and outreach by helping spread our wildfire prevention messaging should public contact be made.

BLM Arizona Medical Direction Policy

All BLM AZ Emergency Medical Technicians (EMT's) currently fall under the centralized medical direction of Dr. Aaron McKinney and Virtual ER. Virtual ER oversees and provides all aspects of policy and program management for the BLM AZ EMS Program. This includes but is not limited to assistance and expertise with the development of a medical supervision plan, provider credentialing, protocol development, continuing educational activities, patient care review, and contemporaneous on-line medical control. Virtual ER concurs with all aspects of this mitigation plan and supports screening protocols for wildland fire personnel. With the addition of the COVID-19 pandemic all certified EMT's within the BLM AZ EMS Program are covered contractually as they perform within the scope of their duties.

BUREAU OF LAND MANAGEMENT

Fire & Aviation Directorate

Operations Alert

No. 2020-001 **Date: March 24, 2020**

Subject: Social Distance and Hygiene Tips for Firefighters

Review and utilize the Center for Disease Control's "How to Protect Yourself" guidelines at https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html .

Personal Hygiene

- Wash hands frequently, especially when preparing food, before and after meals, and after using restroom. Wash hands regularly for 20 seconds with soap and water or alcohol-based hand rub.
- Cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze. Do not touch your eyes, nose or mouth if your hands are not clean.
- Do not share water bottles, community food containers, PPE, flight helmets, or other personal items such as tobacco products, snacks, towels, etc.
- If you feel sick or have any flu like symptoms or have been exposed to others exhibiting symptoms, do not come to work and seek medical attention. If you reside in crew quarters and you feel sick, minimize contact with other residents.
- Regularly launder bedding, towels and clothes.
- Avoid close contact whenever possible.
- Have a plan where to go and seek help to maintain physical and mental health.

Training/Meetings/Group Activities

- Avoid group physical training (PT) and consider PT at home. Stagger PT times and disinfect showers between uses. Exercise outdoors: run, hike, or bike with separation.
- Hold open air crew meetings, briefings, training, and After Action Reviews with enough room to maintain appropriate social distancing. Limit training attendance to small groups.
- Implement measures such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts) if possible.
- Consider alternative methods to present and attend training (online, VTC, conference call, etc.)

Facilities/Equipment

- Disinfect surfaces with all-purpose cleaner, commercial disinfecting wipes or disinfecting solution of diluted home bleach (4 teaspoons bleach per for each quart of water or 1/3 cup bleach per gallon of water).
- Provide disinfecting wipes for exercise equipment. Wipe down before and after use.
- Disinfect office equipment and mobile phones regularly.
- Institute a cleaning period each day to disinfect surfaces in work and dormitory facilities.
- Put hand sanitizer dispensers in prominent places around workplace.
- Don't use other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Consider implementing or increasing the use of commercial cleaning services.

Fire Response

- Consider using an increased number of vehicles during crew transports whenever possible to allow more separation within each vehicle. Plan for these extra vehicles when arriving at an incident and working on the fireline.
- Carry disinfecting wipes, hand sanitizer, and soap and water in fire vehicles and use these items frequently.
- Many crews carry extra Personal Protective Equipment (PPE) such as flight suits, flight helmets, fire resistant clothing, gloves, etc. Minimize use of these PPE items by multiple personnel and disinfect between uses.
- Disinfect mobile and handheld radios after use.
- To disinfect fire equipment including fire apparatus and aircraft, most common EPA-registered household disinfectants will work. See CDC's recommendations for household cleaning and disinfection.
- Order additional cache items (e.g. MREs, PPE) to have more stock on hand.
- Request to stay out of fire camps and Incident Command Posts (ICPs) when feasible. Limit close interaction with other incident personnel.

Contact your Fire Management Officer and Unit Safety Officer for more information.

BLM Arizona Fire Management Program
2020 Fire Season COVID-19 Mitigation Plan

Revised 4/10/2020

DOI COVID-19 Risk Assessment & Decision Matrix for Managers

Instructions: *This tool was developed to assist agency managers with assessing risk and determining appropriate actions to prevent and mitigate the spread of COVID-19. Follow the steps below in order and utilize the flowchart on the following page to determine recommended management actions.*

STEP 1:
GATHER INFORMATION

1. What Bureau(s) and/or Departmental Office(s) are affected? (include Facility, City, and State/Territory)
2. Is the individual with a suspected/confirmed COVID-19 infection a federal employee, contractor, volunteer, concessioner, cooperator or partner?
3. Does the employee have symptoms consistent with COVID-19 infection (i.e. fever, cough, and/or shortness of breath)?
4. When did the employee first begin to feel ill?
5. Was the employee on site in the office/facility during the two days before beginning to feel ill? If so, did the employee have close contact with other people including other agencies, businesses, or employees?
6. Has a COVID-19 laboratory test been conducted? If yes, what is the result? (If lab result is pending, ask the employee to report the result when known.)
7. What is the employee's job and normal work location?
8. Does the employee normally engage with the public as part of their job duties?
9. Is the employee in a mission-critical position?
10. Does the employee reside in government-owned housing/quarters? If yes, are other employees/occupants potentially exposed?
11. What is the employee's current status and location?
12. Is/was the employee hospitalized due to COVID-19-like illness? If yes, provide admission and discharge date.
13. What is the employee's age?
14. Is the infection likely to be work-related (i.e. a direct result of their official duties)?
15. If the exposure is work-related, what if any, PPE did the employee use (e.g. N95 respirator, gloves, safety glasses, etc.)?

STEP 2:
ASSESS RISK & DETERMINE RECOMMENDED ACTIONS (NEXT PAGE)

STEP 3:
REPORT THE CASE INFORMATION IN ACCORDANCE WITH BUREAU/OFFICE PROCEDURES

STEP 4:
FOR CONFIRMED/SUSPECTED CASES - COORDINATE RESPONSE WITH BUREAU SAFETY OFFICE/PUBLIC HEALTH, DOI OSH, AND DOI OCO

STEP 5:
CLEAN/DISINFECT AFFECTED FACILITIES IF NEEDED
(FOLLOW CDC GUIDANCE)

STEP 6:
DETERMINE LEAVE STATUS FOR AFFECTED EMPLOYEES

STEP 7:
RECORD EXPOSURE/ILLNESS VIA BUREAU/OFFICE PROCEDURES AND CREATE SMIS INCIDENT REPORT FOR WORK-RELATED CASES

STEP 8:
ASSESS RETURN TO WORK STATUS FOR EMPLOYEE TO ENSURE EMPLOYEE IS NOT CONTAGIOUS
(FOLLOW CDC GUIDANCE)

DEFINITIONS

Close Contact: Being within 6 feet of a known COVID-19 case for at least 10 minutes (within 2 days of the ill person's symptom onset) or having direct contact with infectious secretions of a COVID-19 case.

Confirmed Case: An individual with a COVID-19 laboratory test result that is positive.

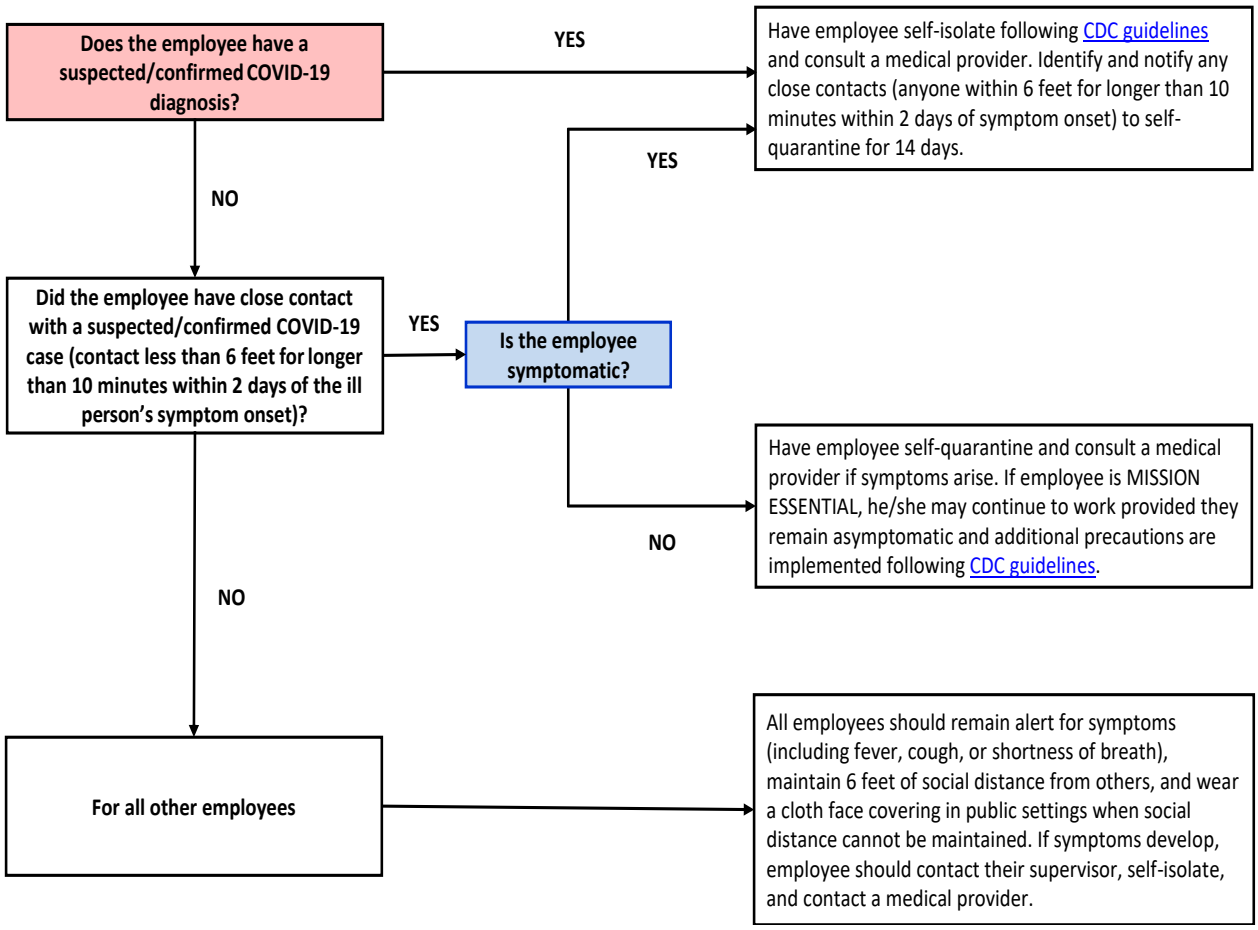
PPE: Personal protective equipment used to prevent the spread of COVID-19 including N95 respirators, gloves, eye protection, and other devices worn on the body.

Self-Isolate: Physical separation of sick people from healthy people. Requires people who are diagnosed with COVID-19, waiting test results, and or who are experiencing symptoms (i.e. cough, fever, and/or shortness of breath) to stay home and separate themselves from others.

Self-Monitor: Being alert for COVID-19 symptom development including cough, fever, and/or shortness of breath and practicing social distancing. If symptoms develop, take temperature and follow CDC guidance.

Self-Quarantine: Keeping someone who might have been exposed to COVID-19, but feel healthy, away from others. Requires people who recently had close contact with a confirmed or suspected COVID-19 case to stay home for 14 days, take their temperature twice a day and watch for symptoms, and stay away from people who are high-risk for getting very sick from COVID-19.

Suspected Case: An individual with symptoms consistent with COVID-19 infection including fever (>100.4F), new persistent cough, and/or shortness of breath, and either no COVID-19 test is performed, or a test has been done and the result is pending.


Does the employee have a suspected/confirmed COVID-19 diagnosis?
YES
Have employee self-isolate following CDC guidelines and consult a medical provider. Identify and notify any close contacts (anyone within 6 feet for longer than 10 minutes within 2 days of symptom onset) to self-quarantine for 14 days.
NO
Did the employee have close contact with a suspected/confirmed COVID-19 case (contact less than 6 feet for longer than 10 minutes within 2 days of the ill person's symptom onset)?
YES
Is the employee symptomatic?
YES
NO
Have employee self-quarantine and consult a medical provider if symptoms arise. If employee is MISSION ESSENTIAL, he/she may continue to work provided they remain asymptomatic and additional precautions are implemented following CDC guidelines.
NO
For all other employees
All employees should remain alert for symptoms (including fever, cough, or shortness of breath), maintain 6 feet of social distance from others, and wear a cloth face covering in public settings when social distance cannot be maintained. If symptoms develop, employee should contact their supervisor, self-isolate, and contact a medical provider.

FIRE MANAGEMENT BOARD
FMB Memorandum No. 20-006

20 April 2020

TO: Fire Management Board Members

FROM: Leon Ben Jr., Chair, Fire Management Board LEON BEN Digitally signed by LEON BEN 2020.04.20 08:47:12 -06'00'

SUBJECT: Establishment of Wildland Fire COVID-19 Screening Interim Standard Operating Procedures (SOPs)

The interagency wildland fire community is committed to preventing the spread of COVID-19 and promoting the health and wellness of all wildland firefighters and support personnel. Consistent and continual monitoring of personnel is the first step in preventing the movement of potentially infected individuals and the spread of COVID-19.

This memo releases the Wildland Fire COVID-19 Screening Interim Standard Operating Procedures (SOPs). This guidance, developed by the COVID-19 Wildland Fire Medical and Public Health Advisory Team (MPHAT), establishes interim standard operating procedures and protocols for screening of wildland fire personnel at duty stations and during incident management activities to protect individuals with potential COVID-19 infection and reduce exposure.

The attached screening guidance is strongly recommended for adoption and implementation across the interagency wildland fire community. Daily screenings at wildland fire duty stations and at incidents, as frequently and extensively as possible, will promote the health and well-being of all wildland fire personnel.

For additional questions or clarification, please contact L. Kaili McCray, Coordinator, Wildland Fire Medical and Public Health Advisory Team (MPHAT), larry_mccray@ios.doi.gov.

Distribution:
Fire Executive Council Members
National Multi Agency Coordinating Group Members
NWCG Executive Board Members
COVID-19 Coordinators

BLM Arizona Fire Management Program
2020 Fire Season COVID-19 Mitigation Plan

To: Fire Management Board and Non-Federal Wildland Fire Partners
From: COVID-19 Wildland Fire Medical and Public Health Advisory Team (MPHAT)
Date: 04/15/2020
Subject: COVID-19 Interim Screening Protocol for Wildland Fire Personnel

Purpose:
The interagency wildland fire community is committed to preventing the spread of COVID-19 and promoting the health and wellness of all wildland firefighters and support personnel. Consistent and continual monitoring of personnel is the first step in preventing the movement of potentially infected individuals and the spread of COVID-19. This memorandum establishes interim standard operating procedures and protocols for screening of wildland fire personnel at duty stations and during incident management activities to protect all personnel, appropriately manage potential COVID-19 infection, and reduce risk.

Background:
In December 2019, a novel (new) coronavirus known as SARS-CoV-2 was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19. The virus has now spread globally. Across the U.S., public health authorities have issued significant restrictions on public gatherings and implemented social distancing practices.

This disease poses a serious public health risk and can cause mild to severe illness; especially in older adults or individuals with underlying medical conditions. COVID-19 is generally thought to be spread from person-to-person in close contact and through exposure to respiratory droplets from an infected individual. Initial symptoms of COVID-19 can show up 2-14 days after exposure and often include: fever, cough or shortness of breath. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19

With the intent to sustain a viable, safe and effective wildland fire management workforce, (Federal, State, local and Tribal assets) during the COVID-19 pandemic, a preliminary measure is to establish common infection screening protocols utilized across the wildland fire community. The MPHAT has been established by the FMB with concurrence of the Fire Executive Council to address medical and public health-related issues specific to interagency administration of mission critical wildland fire management functions under a COVID-19 modified operating posture. The MPHAT includes interagency representation and interdisciplinary expertise (including CDC-NIOSH and medical professionals from USFS and DOI) to advise on all medical and public health related aspects of COVID-19 planning, prevention and mitigation. To that end an interim standard operating procedure has been developed and recommended by MPHAT for immediate adoption and utilization by wildand fire personnel at duty stations and wildland fire incidents to reduce the risk of disease through common screening protocols.

Rationale:
The scale and potential harm that may be caused by this pandemic meets the American Disabilities Act *Direct Threat* Standard.[1] Therefore, routine screening in the workplace is justified and warranted to prevent further community spread of the disease. By identifying, properly triaging, and managing personnel with exposures and these symptoms, personnel can reduce the spread and better mitigate COVID-19 infections among their workforce.

Instructions:
The following screening guidance is recommended for adoption and implementation at duty stations and for all incident management activities across the interagency wildland fire community, as frequently and extensively as possible. Supervisors and incident managers should plan and resource accordingly to support the following SOP:

Pre-Mobilization
Supervisors should ensure personnel have no present symptoms of illness using the *Wildland Fire COVID-19 Screening Tool* prior to consideration of incident assignments. In addition to this initial screen, Supervisors should inform personnel going on assignments of ongoing routine daily screening on all incidents during COVID-19.

Arrival/Entry to Location
All resources accessing any entry point location will wash their hands. If soap and water are not available hand sanitizer may be used. Each resource will proceed to receive verbal screening using the *Wildland Fire COVID-19 Screening Tool* and if possible, have their temperature assessed using a touchless thermometer. Supervisors and incident managers should determine the number of personnel required to support the screening process and consider scheduling and/or staggering resource arrival times to minimize crowding at arrival/entry locations.

Daily Screening
All resources should be encouraged to report any emerging symptoms to their supervisor (Crew Boss, Unit Leader, Module Leader, Duty Officer, Division Supervisor, Floor Supervisor, etc.). In addition, supervisors should assess subordinates' health daily using the *Wildland Fire COVID-19 Screening Tool* to ensure no emerging symptoms. It is recommended the screening questions are asked of all personnel routinely throughout the day.

Positive Screenings
Persons with indications of illness prior to mobilization should be excluded from incident assignments until they meet the return to work criteria as described by CDC (7 days after the start of symptoms and at least 3 days after the last fever not requiring fever reducing medications, and symptoms areimproving).
Persons found meeting sick criteria or found to be with fever on arrival at an incident entry location should not be allowed entrance and, as above, should be excluded from incident assignments until they meet the return to work criteria as described by CDC. Next steps should be coordinated with unit leadership, the medical unit and/or local health authority. Prior to release and return to home, individuals with signs or symptoms of illness posing a risk of COVID-19 transmission should be isolated in a separate location. This may require separate, dedicated and staffed areas/facilities to ensure that individuals with potential COVID-19 infection do not comingle with other fire personnel.

Confidentiality of Medical Information:
Any medical information gathered is subject to ADA confidentiality requirements [3] [4].

Tools and Supplies
- □ Verbal Screening - use the *Wildfire COVID-19 Screening Tool*
- □ Temperature Checks - use only touch-less infrared thermometer if available.
  - Incident management personnel involved with screening should consider purchasing touchless thermometers prior to assignment. Incident emergency medical personnel are strongly encouraged to bring their personal touchless thermometers if available.
- □ Mask or Face Barrier - Current CDC guidance includes wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of

significant community-based transmission. The use of simple cloth face coverings is recommended to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. As of April 2020, masks made from cloth material are considered acceptable facial barriers.

- □ Isolation - use separate facility, yurt or personal tent.
- □ Dedicated Wash Stations - Consider the number of dedicated wash stations and/or portable restrooms needed to maximally support each bullet above.

Personal Protective Equipment

The NFES 1660 – *Individual Infectious Barrier Kit* or NFES 1675 – *Multi-Person Infectious Disease Barrier Kit* (as needed) should be used under the following circumstances:

- □ Workers engaged in screening at arrival and entry location
- □ Workers helping to manage sick and/or asymptomatic personnel with recent COVID-19 interaction.
- □ Workers helping to sanitize infected areas, or any areas suspected of infection

Note: Appropriate techniques for using personal protective equipment including donning and doffing can be found at:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

COVID-19 Wildland Fire Screening Tool

Take temperature with touchless thermometer if available

DO YOU HAVE ANY OF THESE SYMPTOMS?

Today or in the past 24 hours, have you had any of the following symptoms?

- Fever, felt feverish, or had chills? Repeated shaking with chills?
- Cough? Shortness of breath or difficulty breathing?
- Muscle pain? Headache? Sore throat?
- New loss of taste and/or smell?

In the past 14 days, have you had contact with a person known to be infected with the coronavirus (COVID-19)?

INSTRUCTIONS FOR SCREENING

- □ If resource is positive for any symptoms prior to mobilization DO NOT MOBILIZE.
- □ At Entries – Consider the adequate number of personnel needed for screening. Although medical personnel are ideal, screeners do not have to be medically trained.
  - ○ If resource is positive for any symptoms including fever (over 100.4) at entry DO NOT ANNOUNCE- ask to step aside.
  - ○ Escort sick individual to isolation area.
  - ○ Isolation support personnel should begin documentation. Have sick individual contact Supervisor for further direction.
  - ○ Notify public health officials.
  - ○ Have individual transported as appropriate.
  - ○ Protect and secure any collected Personal Identifiable Information or Personal Health Information.

Definitions [5]**:**

Close Contact: Being within 6 feet of a known COVID-19 case for at least 10 minutes (within 2 days of the ill person's symptom onset) or having direct contact with infectious secretions of a COVID-19 case.

Suspected Case: 1) An individual with symptoms consistent with COVID 19 infection including fever (>100.4F), new persistent cough, and/or shortness of breath, and/or 2) An individual for which either no COVID 19 test is performed, or a test has been done and the result is pending.

Self-Isolate: Physical separation of a person known or potentially infected to prevent the spread of COVID 19 disease to others for 14 days after last exposure while maintaining social distance from others.

Self-Monitor: Actively tracking personal health status for development of fever by taking temperature twice daily and remaining alert for cough or difficulty breathing. If fever >100.4F or symptoms develop, employee should not report to work.

References:

[1] Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

[2] Symptoms of Coronavirus
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

[3] Pandemic Preparedness in the Workplace and the Americans with Disabilities Act
https://www.eeoc.gov/facts/pandemic_flu.html

[4] 29 CFR § 1630.14 - Medical examinations and inquiries specifically permitted.
https://www.law.cornell.edu/cfr/text/29/1630.14

[5] DOI COVID-19 Risk Assessment & Decision Matrix for Managers
https://doimspp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/DOI_COVID19_Decision_Matrix_Version4.pdf?csf=1&web=1&e=OwfTyf

[6] Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Personnel in Mission Critical and Essential Function Positions
https://doimspp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/Mission%20Critical%20Position%20Exposure%20FAQ.pdf?csf=1&web=1&e=yMd8Gf