

ZION - UPG

COVID-19 Fire Response Plan

2020 Fire Season

BACKGROUND: In December 2019 a virus was identified that was previously unknown to medical professionals. This new, or “corona” known as COVID-19 (Coronavirus Disease 2019) and is highly contagious; this virus is currently causing global health issues and has spread worldwide, causing a pandemic. The virus is known to cause respiratory symptoms, fever, coughing, shortness of breath, and breathing difficulties; additional symptoms may include fever, chills/repeating shaking, muscle pain, headache, sore throat, and new loss of taste or smell. Older adults (60 and greater) and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. In severe cases, the infection can cause pneumonia, severe acute respiratory distress, kidney failure, and death.

Many people are suspected to carry the virus without presenting any symptoms. COVID-19’s spread rate suggests the virus is more contagious than its predecessors, as well as most strains of the distantly related influenza virus. Additionally, wildfire and prescribed fire smoke exposure may have an impact on the human immune system. Smoke may also exacerbate the symptoms of COVID-19. This is a concern for both incident 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 2-14 days to appear, if they do at all. Those who carry the virus without showing signs of an illness can still spread the disease.

To control the spread of the virus, the US Centers for Disease Control (CDC) and the World Health Organization (WHO) are the leaders for providing healthcare and prevention information, however, federal, state and local health and governmental and health officials are also working to limit its’ impacts to communities and populations. Many states have imposed stay at home restriction, requirements for self-quarantining, travel advisories, etc.

Wildland fire response is just beginning to increase and move toward its peak activity, typically occurring over the summer months of June, July, August, and early September. Planning for fire response amidst the pandemic is a necessity. Part of this planning will be 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 maximum safety of all personnel.

The following plan is designed to ensure that Zion and the Utah Parks Group provides for their responsibilities in all aspects of wildland fire response, specifically to maintain initial attack capabilities, support extended attack and large fire response, as well as support functions (dispatch, cache, etc.). This document outlines potential scenarios that may be encountered throughout the season that directly or indirectly involve our wildland fire response personnel. It provides general strategies and implementation considerations

pertinent to staffing and response and recommends best practices relevant at local levels and various functional areas of wildfire response activities during this pandemic.

This Mitigation Plan for the COVID-19 Pandemic for Zion and the Utah Parks Group is a “living document” and will be reviewed and amended as appropriate.

Scope: Park Group Cluster Level

Objectives: Maintain incident responder and public safety as the primary objective for all decisions.

- Identify issues caused by impacts of the COVID-19 pandemic and how they relate to wildfire response and mitigation for Zion and the Utah Parks Group.
- Develop Wildfire Response Plans that address strategies that are integrated within the lines of Regional Strategies, the National Response Framework, and in cooperation with our Interagency partners that will:
 - Maintain initial and extended attack capabilities
 - Maintain engagement with local dispatch
 - Identify mitigation procedures for impacts from potential COVID-19 exposures and illnesses during the 2020 fire season
 - Identify pre-established NPS procedures for isolation and quarantine
- Contribute to local, interagency Wildfire Prevention and Public Information campaign to mitigate, as much as possible, the incidence of human-caused fire within the State.

Potential Effects on Response: The rapid spread rate of COVID-19 indicates how highly contagious the virus is. Exposure of uninfected individuals to infected individuals triggers a near exponential spread and proliferation of the disease, (ROI 2-3). Current models point to two to three individuals being infected by every new case of the virus. Seasonal Flu is <1 ROI.

Wildland fire incident management activities create an environment that supports easy 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 camps can cause rapid increases in the number of symptomatic fire personnel and suspected cases of illness, 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 limited number of firefighting resources. Should these resources not be able to handle initial attack workloads, additional resources are ordered from neighboring units and often are mobilized from elsewhere in the country. 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 moderately

active fire season would severely tax the ability to maintain an adequate wildfire response.

Exposure avoidance, exposure mitigation, equipment, and facility maintenance and care along with strategies for ensuring resource availability will be addressed in these plans.

Phases of Wildland Fire Planning and Response

For this season wildland fire response actions will focus on suppression and containment strategies that reduce the total number of responders needed to achieve objectives by using the full suite of fire management tools and options. Considerations will dictate how we meet management goals but should not lead to higher-risk tactics. The intent will be to reduce potential responder exposure to COVID-19 while strictly adhering to current risk management practices and safety protocols for wildland fire response.

While adhering to our long standing focus on responder safety, fire management decisions should prioritize 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. That being said, each incident is unique and must be critically assessed through a thoroughly informed decision-making process.

Pre-Incident Considerations:

1. Minimize responder exposure to COVID-19:
 - Prevention and education
 - Proactive implementation of restrictions at a local level
 - Identifying response areas that are higher priority/higher risk
2. Practice social distancing:
 - Implement social distancing at the module level
 - Utilize quarantine efforts, as necessary, before and after fires
 - Shift away from traditional fire camps, as they have been established in the past, with an emphasis on modular isolation
3. Increase the use of technology where it limits person-to-person contact that is outside of CDC guidance (any contact closer than 6') outside of the module/cohort group.
4. Pre-screen incoming resources from outside local areas.
5. Participate in the strategic movement of local resources in a local/regional manner.
6. Take precautions to limit exposure and spread of COVID-19.
 - Determined 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.

Preparation and New Protocols:

1. Prevention:

- Implement public information efforts at the unit level to inform the public about fire response concerns including fire restrictions to reduce the potential for human-caused fires.
 - Coordinate fire restrictions with all local partners for consistent messaging to the public.
 - Educate first responders with data and a basic understanding of all aspects of the COVID-19 virus.
 - Solicit grassroots solutions to meet mitigation needs.
 - Survey first responders to develop lists of those pre-disposed to respiratory illness and factor this into their assigned roles and tasks.
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 engaged outreach and possibly remote “simulations”, as a good way to game out with our firefighters and cooperators COVID-19 situations and considerations.

Fire/Incident Response- Modify Strategies, Tactics, and Logistics:

1. Priority:
- Initial attack response should be aggressive and align with direction to limit the risk of exposure and spread of COVID-19. Reduction of incident duration while not compromising the probability of success will be key until pandemic conditions abate. This will focus on keeping the responders distanced and healthy.
 - Emphasize containment, as opposed to full “no smokes” suppression to minimize exposure time on assignment.
 - Make decisions that will minimize “responder duration” needed to meet objectives. Not only the number of firefighters assigned, but how they are deployed and how long they remain assigned (duration) are considerations.
 - When reasonable, consider strategies and tactics that minimize the need for suppression repair and BAER personnel to respond to incidents. When reasonable, consider strategies and tactics that minimize the need for suppression repair and BAER personnel to respond to incidents.
2. Technology:
- Remote support whenever possible- utilize remote operations, briefings, sensing and surveillance, fire behavior modeling and projections; etc.
 - Communicate using virtual tools.
 - Increase the use of satellite technology 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.
 - Module(s) may utilize hotels where 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 may be conducted via radios and/or other virtual tools when applicable, to reduce face-to-face interactions.
 - Isolate the module(s) (dispersed camping).

- Define and implement more rigorous cleaning and sanitation protocols
4. Communication: Utilize the best technology available to reduce person to person contact outside of CDC guidance.

Post Fire: - Ensure Safety, Recovery, and Rehabilitation:

1. Rest, Recovery, and Reassignment:
 - Screening and testing if exposure has been determined or extensive travel was involved.
 - Fire modules should limit time in the EOC office, HQ, and other facilities, to protect themselves from other employees.
 - Consider the possible need for quarantine established CDC, State, and Local Health Department guidelines.
 - Increased employee support such as peer support, family liaisons, EAP, Responder911, 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 the 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 that are outside of current social distancing guidelines. Develop a process for sharing this tracking information with impacted interagency partners.
5. AAR Specific to COVID-19 Response
 - Institutionalize what we learn from the COVID-19 crisis and incorporate that into our risk management SOPs.

Possible or Confirmed Infection: Isolation and/or Self-quarantine definitions:

- **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.
 - *See NPS Specific Guidance for what to do in the event of an exposure or confirmed case in the Appendices

General Guidance for Daily Operations-

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. We need to keep our workforce and our workplace 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://doimsp.sharepoint.com/sites/doicov?CT=1584715897369&OR=OWA-NT&CID=85677415-f130-7431-3ccd-da8a7f70bef4> and current NPS and Public Health 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 healthy as a unit, so think of our module (s) (engine module, IA or Fx module, etc.) as one individual/family unit. This is no different from our desire to insulate our families at home from COVID-19; so 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 less of an issue if everyone on the crew is healthy.
4. Insulate mission-critical fire 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. Identify virus vector areas within the EOC and develop mitigation or exclusion plans for these locations.
6. Most importantly, impress upon your fire family 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; staying home from work if exposed or sick.

Home Unit

Preparedness

1. Follow Daily screening protocols in the morning and at lunch to assess the health of each module member.
2. 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.
3. Daily readiness activities (operational briefings, safety meetings, weather reports, staffing plans), if practical, should be done in well-ventilated facilities or outdoors.

4. Consider telework options for modules once preparedness activities are complete during shoulder seasons and if fire conditions allow.
5. Consider alternative methods to present and attend training (online, virtual, etc.).
6. Clean work areas and vehicles frequently and between operational periods. Make necessary cleaning supplies readily available

Step-Up/Severity

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 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 the 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, trailheads, and other common gathering areas.

Daily Operations

Initial Attack

1. Initial Attack will be a high priority for the investment of resources. There will be an emphasis on resources dedicated to initial attack and prevention of long-duration fires.
2. Weigh the risk of responding in multiple vehicles; **driving is still one of our highest-risk activities.**
3. Stock vehicles with disinfecting wipes, hand sanitizer, and soap.
4. Consider remote briefings for incoming resources, instead of individual briefings.
5. Do not share PPE, flight helmets, radios, or other equipment.
6. Use MREs, single-serve sack, or boxed meals instead of food lines. Evaluate drinking water supply options; don't share cubies if possible.
7. Provide extra handwashing stations if possible.
8. Disinfect vehicles and equipment, and wash PPE after each response.
9. Consider more rest between responses.
10. Maintain best practices in risk management and hazard mitigation. The fire environment has not changed, COVID-19 is an added risk we must also consider in addition to the usual challenges.

Fuels Management

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

1. Protecting values identified through collaborative efforts with communities, counties, state, and federal stakeholders such as those highlighted in local Community Wildfire Protection Plans (CWPPs), prepared mitigation plans, and/or fire management plans.
2. Per DOI guidance, reducing wildfire risk through fuels management activities and safely and efficiently responding to wildfire remain core functions of the wildland fire management program.
3. 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 any relevant internal NPS Memorandum on the process to request severity due to COVID-19 response.
2. Use single-serve sack or boxed meals, take-out, drive-through, etc. instead of dining in restaurants.
3. Consider positioning resources in non-typical locations than in the past and briefing remotely.

Extended Attack/ Assignments

1. Weigh the risk of responding in multiple vehicles; driving is still one of our highest-risk activities.
2. Consider non-traditional lodging options with the emphasis on modular separation.
3. Eat and brief outdoors and designate larger areas than normal for both.
4. Consider eating in shifts with sanitization between shifts if in an area that does not allow for adequate separation. Avoid lines. Do not allow self-serve eating models.
5. Any camping should be designed so crews can maintain separation from each other:
6. Consider separate "pods" for each crew, to include sleeping areas, restroom facilities, and eating areas.
7. Consider each crew maintaining self-sufficiency.
8. Consider modifying typical eating procedures (i.e., no salad bars), use single-serve sack, boxed meals, or MREs.
9. Utilize remote/radio briefings or expand briefing areas to accommodate 6-foot spacing.

10. Order extra handwashing stations and portable restrooms. Consider shower and laundry units.
11. Consider if IMT or camp functions can be accomplished remotely.
12. Maintain ice chest/cooler cleanliness by cleaning hands before use.
13. Expectations of regular shower use, when available, by firefighters, should be conveyed to personnel.
14. Change or wash PPE often
15. Plan shifts to allow for more rest than historical norms. Consider more rest between responses.
16. Plan operations to reduce smoke exposure. This includes significantly limiting mop-up.
17. Emphasize strategies with low resource demand and a high likelihood of success.

-We strongly encourage self-isolation, if practical, for firefighters returning from off district extended attack/ large fire support incidents to protect family members from potential exposure

Guidance on other functional areas of Fire and Aviation Management

After Hours- Fire personnel have a heightened responsibility for the health of themselves and their module in these unique times. Emphasis should be placed on remaining healthy and avoiding any possible virus vectors both during duty hours and off-hours. This will mean changing how we normally conduct our personal business and how we live both on and off duty. Vigilance in reducing exposure is the expectation for all Zion/UPG Fire personnel.

Aviation: Aggressively exercise the primary principle of aviation risk management..."Is This Flight Necessary?"

- Recognize aviation will likely be called upon this season extensively and limit non-necessary flights accordingly.
- Provide any pilots responding to incidents within the park group the ability to adequately separate during briefings, while on stand by and during off duty hours
- Increased use of electronic situational awareness tools for briefings and updates:
- Fewer ground resources available will require more frequent and earlier use of aviation assets, particularly fixed-wing aircraft. There is a recognition that this may increase fire costs
- Increased aviation use will require greater Federal/State coordination for the prioritization of aircraft use.
- 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.
- Allow flight crews, dispatch centers, and base personnel to assess locations for adequate lodging and meals before changing locations of aircrews to recover overnight. Fixed-wing flight crews will recover overnight to the same location each day to minimize exposure.
- 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 per FAA direction.
- Avoid sharing PPE. Any that must be shared should be cleaned before utilization.
- Due to the dynamic situation of COVID-19 pandemic, air-base operations at times may not meet policy requirements. In these cases, before 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.
- Recognize early that Airbases may be unstaffed or closed due to COVID-19 activity.

Duty Officer: The Duty Officer is expected to maintain is close communication with module supervisors regarding firefighter status and health. The D.O. will utilize the COVID screening tool and best practices to ensure the module is healthy prior to being dispatched off unit. D.O. will balance risk vs benefit when filling resource orders considering all of the variables associated.

Facilities: The EOC will remain available to access only by approved personnel. All non-essential personnel will not have access to the wildland engine bay, the fuel shed, fire response vehicles, downstairs EOC restroom facilities, etc.

- The Wildland Engine Bay ice machine will have established protocols for all non-fire personnel. Access will be severely limited.
- An extensive cleaning regime will be developed for the Fire ready room and Engine Bay.
- Social Distancing will be maintained until the CDC has amended current guidance.

Finance

- A. Utilize digital Crew Time Reports whenever possible (CTRs, Travel Vouchers, Leave Requests in Quicktime. would be emailed between line supervisors, DO.s, and resources for signatures.
- B. Develop a process to submit documents electronically to the greatest extent possible.
- C. All other documents should be completed via teleconference and digitally if possible:
 1. Land Use Agreements (LUAs)
 2. Cost Share Agreements and negotiations
 3. Emergency Equipment Use Agreements (EERAs)
 4. Blanket Purchase Agreements (BPAs)
- D. Limit any paper invoices, CTRs, and Shift Tickets coming into fire business specialist.

Housing

- A. **see attached NPS policies for housing, quarantine and isolation procedures, current guest limitations, etc.
- B. Be aware that guests in NPS housing may be restricted and that conditions may change upon Superintendent's discretion.

Maintaining Separation – strict adherence to CDC guidelines when interacting with persons from outside the module is the expectation. All intent to limit exposure and maintain CDC guidance *within the module* and where feasible, is encouraged.

Planning and Preparedness

- A. Utilization of digital products, wherever possible, to reduce exposure from printed products.
 - 1. Consider the development of digital incident organizers and Incident Action Plan (IAP) Templates.
 - Use the Collector APP to reduce reliance on printed maps.
 - Virtual, remote planning functions for type 4 and type 3 incident support.
 - Video/teleconferencing should be considered for meetings and briefings.

Training/Qualifications

- A. Extend current qualifications for one year to include the Work Capacity Test.
- B. Expand future training to include discussions regarding limiting disease transmission and exposure prevention/mitigation.
- C. Utilize virtual training to the greatest extent possible.

Risk Assessment - All current JHAs will be adhered to when operating in this “new normal” All actions must be conducted with a “common sense” approach to limiting virus vectors, maintaining appropriate social distance, and still following standard firefighting orders, principles, and rules of engagement.

Safety- (COVID related)

- A. **Handwashing:** All personnel will utilize hand washing or hand sanitizer before entering and leaving vehicles.
- B. **Vehicle Cleaning:** All vehicles and equipment will be disinfected according to CDC recommendations after every assignment. See attached NPS guidance in Appendices
- C. **Resources** (separate engines, crews, modules) should avoid congregating jointly while at duty stations, prepositioning, and staging.
- D. **Travel Status Mitigations:** 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 the management of safety and infection/exposure control issues.
- E. **Tracking Exposures:** Documentation and tracking of exposures, isolations, quarantines, and workers-compensation:
 - 1. Isolation of employees with symptomatic or infected family members.
 - 2. On-incident/in-place isolation and quarantine guidelines.
 - 3. Take quick action to quarantine any potentially contaminated employee. Work through NPS established guidelines to ensure quarantine and testing program occurs.
 - 4. Vaccination program drive if/when COVID-19 vaccinations become available.
 - 5. Implementation of a daily personal temperature/symptom check. ** see *appendices*

- a. 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.

Appendices:

- COVID-19 Screening Tool
- NPS Guidelines on Quarantine and Isolation
- NPS Wildland Fire Management Best Practices
- BLM Operations Alert: 2020-001 Firefighter Hygiene and Social Distancing
- DOI Covid-19 Risk Matrix Assessment and Decision Matrix for Managers

Wildland Fire COVID-19 Screening Tool

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)?

Take temperature with touchless thermometer if available

Wildland Fire COVID-19 Screening Tool

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.

How to Protect Yourself

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. More information on [Are you at higher risk for serious illness?](#)

Know How it Spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Take steps to protect yourself

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Avoid close contact** with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for [people who are at higher risk of getting very sick](#).

Take steps to protect others



Stay home if you're sick

- **Stay home** if you are sick, except to get medical care. Learn [what to do if you are sick](#).



Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. [Learn what to do if you are sick](#).
- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.



Clean and disinfect

- **Clean AND disinfect [frequently touched surfaces](#) daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

To disinfect:

Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

Options include:

- **Diluting your household bleach.**

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water
OR
- 4 teaspoons bleach per quart of water

Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- **Alcohol solutions.**

Ensure solution has at least 70% alcohol.

- **Other common EPA-registered household disinfectants.**

Products with [EPA-approved emerging viral pathogens pdf icon\[7 pages\]external icon](#) claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Wildland Fire COVID-19 Screening Interim Standard Operating Procedures 04/15/2020

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 wildland 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.

Wildland Fire COVID-19 Screening Interim Standard Operating Procedures 04/15/2020

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 are improving). 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 come in contact 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

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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>

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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>

[7] 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>

[8] Coronavirus Disease 2019(COVID-19). Use of Cloth Face Coverings to Help Slow the Spread of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Quarantine and Isolation

Guidance for NPS Employees/Volunteers Living in Parks

Goals

The goals of community containment measures are to:

- Reduce the risk of exposure to COVID-19 by separating and restricting the movement of persons suspected to be infected with COVID-19.
- Reduce the risk of transmission of COVID-19-CoV by restricting the movement of contacts who may have been exposed to infectious COVID-19 but are not yet ill.
- Reduce the overall risk of transmission of COVID-19-CoV at the population level by limiting social interactions and preventing inadvertent exposures.

Definitions

Isolation means the separation of sick people with a contagious disease from people who are not sick.

- “Isolation” is typically used to refer to actions performed at the level of the individual person.
- May be voluntary or under public health orders by federal, state, or local public health order.
- Isolation attends to the needs of the sick person but also protects healthy persons from becoming ill.
- Ill persons are usually isolated in a hospital, but they may also be isolated at home or in a designated community-based facility, depending on their medical needs.

Quarantine in general means the separation of a person or group of people reasonably believed to have been *exposed* (as opposed to *infected*) to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

- Quarantine can be applied to an individual or to a group of persons.
- May be voluntary or under public health orders by federal, state, or local public health order.
- Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.

The ultimate goal of isolation and quarantine is to prevent transmission of diseases by separating and restricting the movement or activities of persons who are ill, suspected of being ill, or who have been exposed to infection.

Isolation and/or quarantine in parks

If a park learns of a positive laboratory-confirmed COVID-19 case, they should notify their regional Public Health Consultant. The state or local health department may also be involved and may be able to assist with guidance on quarantine and isolation. However, it is possible that as cases increase, state and local health departments may become overwhelmed, and the park will need to plan for management and care of voluntarily quarantined and isolated individuals. Quarantine and isolation should be coordinated with the Regional Incident Management Team.

Parks should be prepared to accommodate the needs of park residents in quarantine and isolation, educate persons regarding reasons for isolation and quarantine, encourage voluntary compliance, and describe to the individual the services that may be provided, if any. However, there is no legal requirement that the park provide services.

Quarantined or isolated for 14 days or longer if a family member is affected. The CDC has provided information on [how to prepare](#). Parks should be prepared to accommodate the needs of park residents in quarantine and isolation, educate persons regarding reasons for isolation and quarantine, encourage voluntary compliance, and describe to the individual the services that may be provided, if any. However, there is no legal requirement that the park provide services.

Willingness of persons to be isolated quarantined

Most symptomatic and exposed persons willingly accept isolation and quarantine. We can expect a similar level of cooperation, but park managers should be prepared to take appropriate actions to protect the life and safety of park visitors, personnel, and the symptomatic and exposed employee if they are unwilling to quarantine or isolate.

If a person is not willing:

- Seek quarantine order from state or local agency authorized to issue quarantine order if they have jurisdiction on park lands.
- A superintendent can issue an emergency order under 36 CFR 1.5 closing the park to persons who meet criteria for isolation or quarantine under local or state authority (and incorporate local or state authority of those entities do not have jurisdiction in the park). This emergency order can allow persons living in parks to remain in their residences, but otherwise close the park to them.
- If the person is reasonably believed to likely soon be moving from state to state, seek assistance from the CDC.
- Law enforcement officials should prepare to assist with enforcing a state or local health officer's or superintendent's order.

Quarantine of a person who may have been exposed to COVID-19

People who have been exposed to COVID-19 but have not yet developed symptoms may be placed in quarantine for 14 days after their exposure to ensure that if they become sick they do not infect others. Guidance on when quarantine should occur is based on [CDC recommendations](#) and subject to change based on the level of transmission within a community. Some personnel (e.g. emergency first responders) fill essential (critical) infrastructure roles within communities. These personnel may be permitted to continue work following potential close contact exposure to the coronavirus, provided they remain asymptomatic. Recommendations for actions during quarantine include:

- Measuring temperature twice a day and monitoring for respiratory symptoms (cough or difficulty breathing)
- Staying home and avoiding contact with others. A quarantined person should not go to work or school. As much as possible, a quarantined person should stay in a specific room and away from other people in the home. Also, a separate bathroom should be used, if available.
- Keeping distance from others (about 6 feet or 2 meters).
- Calling a medical provider immediately if fever, cough, or trouble breathing develops. Alert the doctor ahead of time that you may have been exposed to COVID-19.
- Isolating if symptoms develop and following instruction for isolation below.

Isolation of a COVID-19-infected person at home

People with COVID-19 with non-severe symptoms may be isolated in their home. However, severe cases will require hospitalization. For isolation of a person residing in park housing and suspected to be or infected with COVID-19, the home should be assessed for various conditions that will reduce the risk of person-to-person transmission. Parks should determine which park residences are suitable for quarantine and isolation. An “NPS Risk Analysis for Quarantine and Isolation for COVID-19 for Parks with Housing” has been developed to help determine the suitability of a home/residence for isolation.

If you become sick, the CDC has provided guidance on what you should do. The full guidance is available [here](#):

- Stay home except to get medical care. People who are mildly ill with COVID-19 are able to recover at home.
- Separate yourself from other people in your home. This is known as home isolation. As much as possible, you should stay in a specific “sick room” and away from others in your home. Use a separate bathroom, if available. If a separate bathroom is not possible, you should ensure that it is thoroughly cleaned and disinfected after use. Increase or optimize air flow as much as possible, such as by an air conditioner or opened window, weather permitting.
- Limit contact with pets and animals. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
- Wear a surgical mask when you are around other people. If you are not able to wear a mask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room, and if they enter your room, they should protect themselves with use of an N-95 respirator. If an N-95 respirator is not available, a surgical mask should be used.
- Clean your hands often. Washing with soap and water for at least 20 seconds is the preferred option. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Cover your coughs and sneezes. Use a tissue, throw the tissue in a lined trash can, and clean your hands immediately after.
- Avoid sharing personal household items. Do not share dishes, drinking glasses, cups, eating utensil, towels, or bedding with other people in your home. After using any of these items, wash them thoroughly with soap and water or put in a dishwasher or washing machine.
- Clean and disinfect all “high-touch” surfaces in your “sick room” every day, as well as the bathroom. “High-touch” surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables. Clean and disinfect areas that may have blood, stool, or body fluids on them. If there are other people in the house, let the others clean the other parts of the house (areas other than the “sick room.”) For cleaning instructions: clean areas or items with soap and water or another detergent if it is dirty. Then use a household disinfectant. Be sure to follow the instructions on the label. Most EPA-registered household disinfectants should be effective. [Additional cleaning and disinfecting guidance](#) is available from CDC.
- Monitor your symptoms. Seek medical attention if symptoms worsen; but call first. Wear a facemask if you go for medical care. If you develop emergency warning signs for COVID-19, get medical attention immediately. Emergency warning signs include, but are not limited to: trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face. If you have a medical

emergency, call 911 or your park’s designated emergency response number, and notify the operator that you have or think you have COVID-19.

•You can stop home isolation if:

○ You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicines that reduce fevers) AND other symptoms have improved (for example, when your cough or shortness of breath have improved) AND at least 7 days have passed since your symptoms first appeared.

If you are caring for someone who is sick, you can help the ill person with all the items listed above. Additional things you can do:

- Help the sick person follow their healthcare provider’s instructions and help provide symptom treatment—make sure the sick person drinks a lot of fluids to stay hydrated and rests at home. For most people, symptoms last a few days and get better after a week. Help the ill person monitor for symptoms and alert a medical provider if symptoms worsen.
- Help attend to the basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Wear a facemask(an N-95 respirator if available)around the sick person if they are not able to wear a mask.
- Wash laundry thoroughly. If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash your hands immediately after removing gloves.
- Avoid unnecessary visitors coming to the home.

Availability of support services and supplies for quarantine and isolation:

Various support services and supplies are required during isolation or quarantine. Acquisition of supplies and services are generally the responsibility of the quarantined or isolated individual. All individuals are encouraged to prepare for the possibility of quarantine/isolation, and guidance for preparation is available through CDC’s guidance on [how to prepare](#). Given the unique circumstances of NPS housing and the COVID-19 pandemic, in extreme circumstances where it is impossible for the individual to acquire supplies for themselves, the use of NPS supplies or funds may be appropriate. In such instances, NPS budget and the Office of the Solicitor should be consulted first. Park staff should coordinate with the individual as to how these services and supplies will be available and, if appropriate, be provided to these individuals. Key supplies and services that both quarantined and isolated individuals may find themselves in need of include:

- Food, water, and other supplies, such as animal food, toilet paper, etc.;
- Medicines and ability to contact the healthcare provider;
- Mental health support, which may be provided by the Employee Assistance Program (<https://doimspp.sharepoint.com/sites/doicov/Shared%20Documents/DOI%20Employee%20Assistance%20Program%20Overview.pdf>);
- Transportation to medical treatment, if required;
- Surgical masks and N-95 respirators.

Considerations for Shared Living Situations

For the purpose of this guidance, shared living situations are defined as arrangements where unrelated persons are sharing a bedroom, bathroom or a kitchen. Shared living situations present an increased risk

for disease transmission. This is of particular concern in parks without easy access to healthcare. Risk should be minimized by reducing the numbers of people in housing to those considered essential by the park and by providing each person with a bedroom and a bathroom so that they will have a place to isolate or quarantine if necessary. Guidelines for isolation and quarantine should be followed as described above. If the numbers of individual bedrooms/bathrooms are limited, and the park assigns two people to share one bathroom, they should recognize the overall increased risk for disease transmission. Dormitory-like situations, in which multiple people use one bathroom and share kitchen and communal areas should be considered high risk for disease transmission and should be avoided.



National Park Service Wildland Fire Best Management Practices



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:

General Behaviors

1. Continue to monitor and follow CDC recommendations, 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 FWS 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 healthy as a unit, so think of each module (engine module, helicopter 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, 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.).

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 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.

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.

