



Fire Management Board

**MEDICAL AND PUBLIC HEALTH ADVISORY TEAM**

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Date: January 31, 2022

TO: Erin Horsburgh, Chair, Fire Management Board

FROM: L. Kaili McCray, Chair, Wildland Fire Medical and Public Health Advisory Team (MPHAT)

SUBJECT: Continued COVID-19 Prevention and Mitigation for Wildland Fire – 2022 Fire Season

The COVID-19 Pandemic remains a threat to wildland fire operations and wildland fire incidents are considered high risk work environments for infectious disease transmission. This memo provides recommendations for continued COVID-19 safety protocols for wildland fire based on guidance from the Centers for Disease Control and Prevention (CDC) and the Safer Federal Workforce Task Force (SFWTF). MPHAT will continue to monitor the national COVID-19 situation and amend these recommendations as appropriate.

**Continued COVID-19 Operating Procedures on Wildland Fire Incidents**

*COVID-19 Vaccination and Boosters* - Currently the CDC recommends [booster shots](#) for all individuals 18 years old and older as recommended for each vaccine.

*Mask wearing and physical distancing* - All resources will follow COVID-19 prevention and mitigation measures regardless of vaccination status during the 2022 fire season. These measures include:

- Wear a mask in fire camp, unless outdoors, and able to always maintain at least 6-ft of distance, alone in an enclosed space or actively engaged in firefighting on the fireline. This must be actively enforced in areas where masks are required to be worn.
- Practice physical distancing.

*Reducing Exposure to SARS-CoV-2* - In addition to lower-than-expected COVID-19 infections, we have seen that these strategies can also prevent other infectious disease (such as “camp crud”) spread on large wildfire incidents.

- Crews and modules will continue to use a [Module as One](#) approach, as redefined in 2021, to insulate as one unit and reduce outside exposure to SARS-CoV-2 from the public and other crews.
- Minimize the size and number of personnel at Incident Command Posts (ICPs) and utilize remote positions. Fire camps and camp layout must be designed to allow for physical distancing. Use of smaller spike camps to insulate crews and modules from each other and other outside personnel and resources is ideal.
- Continue the use of radio or video briefings with focus on improved technology to support clear communication and seamless virtual interaction when possible is optimal. MPHAT recommends that NWCG be tasked with developing standards to support and expand these operations.

*COVID-19 Daily Screening* - Incident resources will continue to conduct daily COVID-19 screening to identify individuals with potential COVID-19 infection on incidents. Incident Management Teams (IMTs) will create a systematic approach to ensure daily screening has occurred in areas such as ICPs and spike camps where fire personnel congregate. Refer to the MPHAT [Wildland Fire COVID-19 Screening Standard Operating Procedures](#) . Anyone experiencing COVID-19 symptoms will work with the medical unit on a wildfire incident to be tested for COVID-19.

### **Incident COVID-19 Coordination**

A position dedicated to coordinating all incident COVID-related mitigation requirements has proven valuable to IMTs. Future discussions will take place regarding any long-term need to formalize this function beyond the pandemic to support mitigation of camp crud (infectious disease), and other incident firefighter health impacts. In the interim, a dedicated Firefighter Health Coordinator<sup>1</sup> remains valuable to integrate with the IMT, Agency Administrators, and local health authorities to assure COVID-19 mitigations at all incident sites meet the local health standards, legal requirements, and MPHAT guidance. The health coordination function can be scalable based on incident size and mitigation strategies. Delegations of authority should emphasize health coordination expectations. On smaller incidents Occupational Safety and Health managers, an additional Safety Officer or Agency Administrator may fill this coordination role. An additional Medical Unit Leader and/or contractor may be valuable in filling this role on large incidents.

### **COVID-19 Testing**

Testing on wildfire incidents will be prioritized for individuals with signs and symptoms consistent with COVID-19 and asymptomatic individuals with recent known close contact or suspected exposure to SARS-CoV-2 (exposure being defined as within 6 feet for a total of 15 minutes or more). Suspected exposures will be determined through contact assessment by the Health Coordinator on the IMT who will work closely with the local health department.

If testing availability and capacity exists, or when incident or workplace characteristics present high risk of widespread transmission, incidents may consider performing screening testing for all fire personnel regardless of vaccination status. An additional Coordinator will be needed to implement screening testing and the cost-benefit of a screening testing program should be considered before implementation. See MPHAT [Guidance on Asymptomatic Laboratory Testing for Coronavirus Disease \(COVID-19\)](#) for additional information on risk factors to assess in the workplace or at fire camps when deciding on a testing strategy.

### **Incident Tracking of COVID-19 Testing and Infections**

Documenting the spread of COVID-19 on incidents consistently across geographic coordinating areas is important for understanding and managing effects of COVID-19 on fire resources. Real-time information can also be used for assessing when additional prevention measures may be necessary. The Incident COVID-19 Tracker (ICT) will be the standard COVID-19 tracking system used on all large incidents (300-acres brush or 100-acre timber and submitting a 209). Incidents meeting the criteria are required to report any COVID-19 related activity and health outcomes including COVID related Death into the ICT. MPHAT will be evaluating the ICT and making improvements immediately for 2022. Appropriate users from any agency may request access to the ICT by emailing: [Incident\\_COVID19\\_Tracker@doi.gov](mailto:Incident_COVID19_Tracker@doi.gov)

### **Conclusion**

COVID-19 prevention and mitigation remains a priority during wildland fire operations. Consistent expectations and execution will help us ensure the utmost safety against COVID-19 this fire season. There is a need to provide clear leader's intent with an expectation that COVID-19 prevention and mitigation is still a priority during wildland fire operations. As fire resources respond across the country, there must be one standard protocol for testing, case reporting, and prevention and mitigation strategies across all agencies and within the national response plan. This standardized approach, including the enforcement of COVID-19 mitigations, must be clearly communicated across all levels of the fire organization, and be included in

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<sup>1</sup> Firefighter Health Coordinator is MPHAT's recommended *interim* uniform title for all previous Incident Management Team position titles used to support COVID mitigation and response (i.e., COVID Coordinator, COVID Liaison, Health Liaison, Health Officer, etc.)

delegations of authority for IMTs. We recommend fire leadership work with Agency Administrators and Line Officers to support consistent expectations and implement guidance across the entire United States.