

Bighorn NF 2020 Fire Season Response Plan
COVID Supplement to Fire Management Plan

(5/07/2020)

Background: Unique to this fire season may be a shortage of resources due to COVID related illness in firefighters, and the need to prevent transmission of illness in incident related activities. Following local/State health protocols and evaluating risk of responses relative to COVID activity will be paramount, given that fire is an essential/critical function that will continue in the face of this.

Guidance Documents:

This is a “living” document that can be amended to reflect learned/best practices in an effort to maintain consistency across the Forest. For significant amendments, line officers and FMOs should approve of the changes. The following are incorporated by reference:

- Chief’s Letter 2020 Fire Season
- RMACC Wildland Fire Response Plan COVID19 Pandemic
- R2 Wildland Fire within COVID19
- CDC Covid Guidelines <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- WY Health Guidelines <https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/>
- Wildland Lessons Learned – COVID
<https://www.wildfirelessons.net/communities/community-home?CommunityKey=fb4f4902-3a9e-4d11-9a68-7e9d81e159de>

Guiding Principles:

- 1) Prioritize the use of local suppression resources with the predominant strategy being rapid containment (IA), *without leading to higher-risk tactics*, and reducing the total number of responders than may typically be used.
- 2) Pre-emptively consider fire restrictions and area closures where human caused fires may contribute to response workload. Prioritize patrol over project work when implemented.
- 3) Firefighters have the right to turn down an assignment if COVID (or other risk) is deemed unacceptable. Beware of mission creep to assignments.
- 4) Provide for “Module as One” logistics to resources to provide social distancing, with small spike camps as much as possible. If interacting with public, identify a person from module, and utilize PPE, distancing, and good hygiene habits.

- 5) Practice COVID related hygiene and prevention through all aspects of fire management (fleet/travel), including daily individual “Am I Fit” assessments, in screening tool attached (temperature monitoring voluntary) to initiate stand-down from assignment if needed. Follow current USFS flowchart on post travel/exposure response, and follow the “COVID Screening Tool” as implemented by IMTs (both attached below). Respect other crewmembers’ concern for COVID safety and adjust accordingly, and consider State level direction in responses.
- 6) Utilize the RMACC Wildland Fire Response Plan as guidelines, and when deviating from the practices suggested provide rationale.
- 7) Favor preparedness over project work when planning levels 3 or above.
- 8) Share lessons learned with Forest resources and seek updates from others’ lessons learned.

Strategies:

Preparedness

- 1) Use a drawdown strategy that maximizes local Forest response capability in periods of likely incidents (based on ERC of 35, typically Mid-July through Mid-September), taking into consideration possible quarantine needs of resources travelling off Forest when they return. Drawdown plan was modified to reflect more local resources at the lower levels (1,2,3). Positive communication with all FMOs to occur before releasing any resource off Forest. Assist local cooperators as able. Consider splitting of “one module” into two as feasible for IA or other responses, keeping the same parent group together.
- 2) Work with dispatch zone partners and neighboring dispatch zones to prioritize availability of aerial and equipment resources during periods of likely incidents more aggressively as compared to past years. Continue use of smokejumpers as available.
- 3) Notify militia during periods of likely incidents occurring to associate them with resources available for response, including the provision of logistics managers (BCMG or trainee equivalent) to help staff initial response.
- 4) Retain higher than normal supplies of MREs, water, consumable supplies (saw parts, etc) and cleaning/PPE materials both on vehicles and in caches. Freeze dried food is acceptable for use.

- 5) Identify isolation sites/facilities for modules rendered ill (motel, college). Isolation = separates sick people from people not sick. Quarantine = separates exposed people to determine if they become sick.

Incident Response

- 1) Size-up every fire by ground or air to determine response needed considering access/medevac and LCES related inputs to risk based decisions.
- 2) Communicate response being taken to line officers, cooperators, and Public Information Officer as rapidly as possible to inform the public of response strategy as adapted for COVID.
- 3) Prioritize public (evacuations/closures) and firefighter safety, with WUI related values at risk over all others assessed. Implement point protection strategies as needed in lieu of overall containment where containment is not likely to be successful.
- 4) Work with District Rangers (per annual delegation letter) to utilize mechanized equipment in areas identified in the Forest Plan with restrictions. Not included is the use of dozers/heavy equipment in wilderness.
- 5) Utilize small team (T3 IC and Logs) for multiple start scenario to manage incidents.
- 6) Travel in vehicles will be by module, and crews may decide to utilize masks (cloth or otherwise) as they deem necessary (communications barrier). Crew vehicles will be cleaned daily on touch surfaces.
- 7) For spike camps, provide supplemental fresh foods (if available), following fresh food guidelines to supplement MREs as soon as feasible, and select food vendors that can prepare individual meals rather than buffet style.
- 8) Transmit data needed electronically instead of paper as feasible.
- 9) Assist cooperators in assessing COVID related effects of smoke and in evacuation related impacts to COVID.

Incident Commander Expectations:

- 1) Limit the risk and exposure of COVID using strategies and tactics to minimize the number of people needed and reduce incident duration while considering probability of

success. This may mean increased use of aircraft or equipment than prior years. Carry RMACC plan for easy referencing.

- 2) Utilize radio or remote briefings for increasing social distancing as possible.
- 3) Use multiple, satellite camps, and maintain “module as one” isolation. Provide more sanitation facilities (handwash and port-a-potty) than typical. Request supplemental fresh food and/or individual meals as necessary to supplement/replace MREs if available. Select locations free of smoke if feasible.
- 4) Ensure daily “Am I Fit” in screening tool is a component of briefings, with signs/symptoms mentioned. As part of check-in, ascertain if resource is travelling from a high infection rate area. Remind vehicle operators to clean vehicles daily, and for personnel to practice good hygiene.
- 5) Rotate modules out of smoke to help maintain fitness.

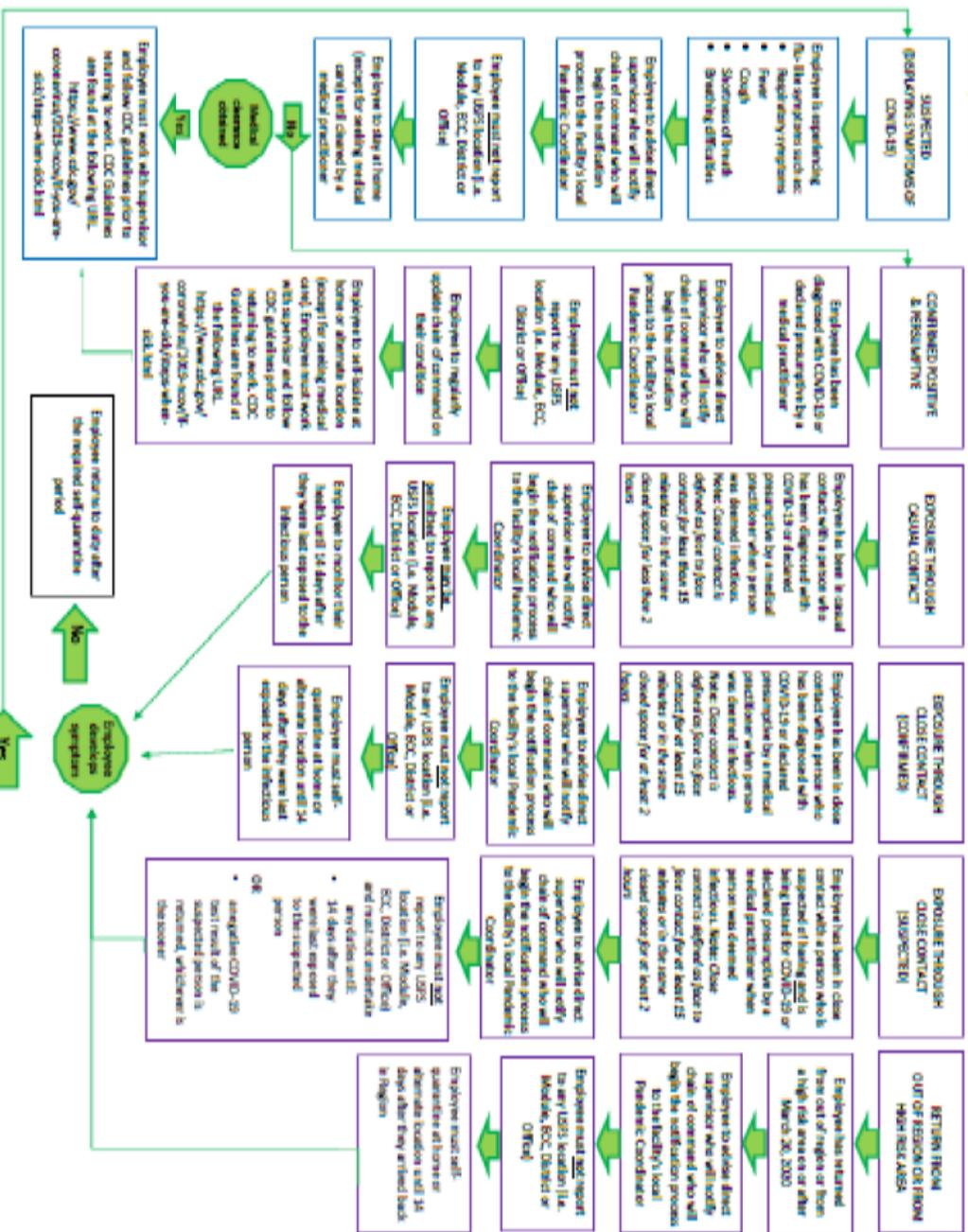
During or Post Incident Illness:

- 1) As with any injury/illness, transport individual to local hospital for medical evaluation, with a hospital liaison assigned and supervisor informed. If signs/symptoms of COVID are part of the diagnosis, utilize EMS services that are capable of transporting the individual(s) with proper PPE and precautions. If not available/feasible, have transporting driver wear COVID PPE to include mask, gloves, glasses and gown if available, and then clean vehicle thoroughly and wash hands thoroughly, and change clothes immediately. If COVID, determine likelihood of exposure based on flow-chart. Inform Duty Officer of situation.
 - a. Sick individual (positive presumptive on flow chart) needs isolated in motel or other facility (unless local and want to go home – considering family exposure) until such time as they are determined healthy by medical practitioner. Transport home to be arranged with home unit and host unit.
 - b. Those exposed would need to self-quarantine at motel or other facility (assume exposure through close contact in flow chart) until 14 days after exposure or current direction (Refer to Center Disease Control website).
 - c. Responses and protocols will vary based on individual circumstances based on risk and circumstances.
 - d. Medical Doctor evaluation and return to work process, and local community processes (testing, entry to facility) will pre-empt flow chart or other agency processes. Most hospitals will not allow liaisons to enter, so seek electronic ways of transferring forms for doctor signature, etc.
 - e. Testing is not currently a feasible option for wildland fire.



REGION 2 ROCKY MOUNTAIN REGION COVID-19 RESPONSE ACTION PROCESS (VERSION 2)

COVID-19 Response Employee Notification



IMPORTANT NOTE:

- Medical advice – When an employee receives a specific instruction from a medical practitioner or public health unit, that advice is to be followed.
- Notification of Medical Employees – Medical employees to advise direct supervisor and local Unit Chief. The Unit Chief Official will notify chain of command who will begin the notification process to the facility's local Pandemic Coordinator.
- Isolation of employees from USFS workplaces is to occur in suspected, confirmed, close contact, and return from a high risk area or out of region. Isolation of employees from USFS workplaces will occur in casual contact cases, unless the employee develops symptoms or meets other criteria as defined.
- Contact of a close contact – If an employee has been in contact with a person identified as a close contact of another person with confirmed COVID-19 infection or an out of region traveler, that employee does need to be excluded from the workplace.
- Self-isolation/return – In case of confirmed COVID-19 at a USFS workplace, the notification process will be determined by following the guidance set forward by CDC.
 - Self-isolation – Stay in separate location that regular cleaning and appropriate use of USFS facilities is maintained on a regular basis.
 - Self-isolation/return – If an employee is sick with non-COVID-19 symptoms, contact with work assignments and conditions apply. Supervisors may, at their discretion, monitor medical condition or documentation for duration of 7 days or more, or when there is a valid reason to require a certificate for less than 7 days. Reporting unit employees should use the respective Collective Bargaining Agreements regarding medical certification requirements. (The employee knows the provisions related to COVID-19 whether and when they may be required).
 - Where an employee is notified that it directed not to return to the workplace due to a confirmed case, however, employee will be assigned to work from home or alternate location during the quarantine period.
 - Whether an employee may be required by employer who are unable to work due to a personal emergency caused by a public emergency.
 - Where a USFS workplace is closed, flexible working arrangements including condensed work at another office location or alternate work arrangement.
 - Flexible work arrangements including working from an alternate or alternate location (if/for) or home, may occur following approval by the Supervisor.

4/15/20

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

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.