# BLM Wyoming 2020 COVID-19 Fire Operations Plan

**Prepared By:** BLM-WY Operations Committee

As first responders and fire leaders, we need to be strategic in the way we mitigate the COVID-19 virus risk. By taking practical and effective measures to avoid exposure to the virus we will keep our workforce healthy and productive. This is a living document and subject to updates as new or more current information becomes available.

The following mitigations are recommended:

***General Behaviors***

1. Monitor and follow CDC guidelines and DOI guidance as posted on the BLM COVID-19 Portal: BLM Fire and Aviation COVID-19 Information
2. Adopt an "insulate the module as one" mentality. It is crucial for modules to stay heathy as a unit. Think of each module (engine module, IA or RX module, etc.) as one individual unit. This is no different from insulating our families at home from COVID-19. We must also insulate our fire family.
3. Monitor peer's health. This means watching for symptoms and evaluating exposure based on the DOI Management Decision Matrix attached in the Appendices.
4. Insulate mission-critical fire staff; this includes dispatchers, warehouse and support staff from the general public, office staff, and nonessential partners. This means restricting certain areas and creating physical separation between modules, support functions and other mission essential functions. Consider designating restrooms, breakrooms and other shared workspaces for specific functions.
5. Champion personal responsibility during off hours. This will reduce the potential of exposure and transmission of COVID-19.
    a. Provide fire staff with clear expectations of their off-duty responsibilities to protect themselves from exposure. This includes but is not limited to following CDC guidelines, self-monitoring, reporting potential exposure, and staying home from work if exposed or sick.
6. Use the IRPG "How to Properly Refuse Risk" when faced with unsafe COVID-19-19 situations.

***Home Unit – Onboarding New Employees***

**1.** Contact new employees 14 days prior to start date and complete attached DOI Management Decision Matrix
    a. Follow Management actions listed for any potentially affected new employee.
**2.** Insulate new fire staff (from the general public, office staff, and nonessential partners). This means restricting certain areas and creating physical separation between modules and non-fire employees, support functions, and other mission essential functions.
    a. Consider designating restrooms, breakrooms and other traditionally shared workspaces.
    b. Consider electronic paperwork/signatures when permitted by policy

### *Home Unit – General Preparedness Activities*

1. Physical training should be conducted outdoors rather than using indoor training facilities. Stagger PT time for modules when necessary. Maintain social distancing in shared locker rooms and ensure shared facilities are thoroughly sanitized as outline in Appendices
    a. Consider PT at remote location or home with employees showering at home.
2. Daily readiness activities will include operational briefings, safety meetings, weather reports, and staffing plans. These should take place in a well-ventilated facility, outdoors or through electronic methods.
3. Consider telework options for modules once preparedness activities are complete and local fire conditions allow.
4. Consider alternative methods to present and attend training (online, virtual, etc.).
5. Clean work areas and vehicles frequently and in between operational periods. Stock necessary cleaning supplies. See appendix for cleaning standards.
6. Identify isolation and quarantine procedures for modules rendered ill.
    a. Isolation separates sick employees from non-sick persons.
    b. Quarantine separates exposed employees while monitoring symptoms and potential illness.

### *Home Unit – Elevated Fire Danger Activities*

1. Staggered work shifts or provide separate duty stations for different modules.
2. Avoid crew member swaps or rotations when possible.
3. Maintain the “insulate the module as one” mentality.
4. Fire detection patrols should be done by module to ensure they remain insulated.
5. Consider virtual or remote prevention activities and messaging.
6. 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.

It is critical for fire fighters to understand that accepting unnecessary risk while conducting fire suppression activities is NOT acceptable. The COVID-19 pandemic has created the need for additional safety and health measures to ensure fire fighter safety and health. This does not mean fire fighters need to accept unnecessary risk to keep fires small or at the lowest staffing level possible.

1. Access the risk of responding in multiple vehicles. Driving remains one of our high-risk activities.
    a. If modules are insulated, less vehicles are needed.
2. Stock vehicles with proper cleaning supplies.
3. Consider radio or remote briefings for incoming resources.
4. Minimize sharing PPE, flight helmets, radios or other equipment.
5. Use MREs, freeze dried, single-serve sack or boxed meals instead of food lines. Evaluate drinking water supply options.
6. Provide extra handwashing stations when possible.
7. Disinfect vehicles and equipment and wash PPE after each response.
8. Consider more rest between responses. Typical 2:1 work/rest and length of assignment mitigation may not be enough to keep people healthy this year.
9. Prescribed fire activities will occur in strategic locations. This will reduce wildfire risk and minimize smoke exposure to firefighters and the public.
    a. Prescribed fire activities are at the discretion of the respective line officer.
    b. Favor preparedness over project work and prescribed fire when planning levels 3 or above.

### *Aviation - Fixed Wing, Rotor Wing, Heli-base*

1. During periods of standby and extended standby, allow flight crews to isolate themselves in quarters and respond directly to aircraft. This will decrease person-to-person contact.
2. Create schedules to minimize aircrew rotations.
3. Utilize virtual briefings to minimize person-to-person contact. Utilize conference lines, email, Microsoft Teams, or other similar agency-approved multi-media resources with links to appropriate briefing materials.
4. Aircraft dispatch forms should be delivered to all resources electronically instead of in person, or information can be relayed over the radio.
5. Consider multiple locations for aircraft.
6. IMT's and Fire Managers should consider reducing staffing numbers when approved and applicable such as:
    a. Request waiver for management of 4 SEATs via one SEMG or ATBM.
    b. Expect to utilize and provide pre-approvals for extension of personnel to 21 days.
7. Evaluate allowing vendors to stage at their home base with an approved delayed response time.
8. Restrict access to airbase and aircraft to essential personnel.
9. Clean each aircraft between flights in accordance to FAA direction. Especially frequently touched areas.
10. Minimize sharing of PPE such as flight helmets, flight suits, and gloves.
11. After maintenance decontaminate the aircraft per GSA/OEM guidance.
12. Utilize regional and local COVID-19 Plans, and recommendations from RMGA Wildland Fire Response Plan.
13. Adopt an “insulate the module as one” mentality

### *Severity*

1. Evaluate and identify hotels and food vendors based on cleaning practices.
2. Use single-serve meals.
3. Consider positioning resources in non-traditional locations.
    a. Adopt an "insulate the module as one" mentality.
4. Collect emergency contact information for home units and visiting resources.

### *Extended Attack/Large Fire*

**1.** Evaluate the risk of responding in multiple vehicles.
**2.** Consider closed camps.
**3.** Consider non-traditional fire camps with an emphasis on modular separation.
    **a.** Eat and brief outdoors and designate larger areas than normal for both.
    **b.** 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:

    **c.** Consider separate "pods" for each crew, to include sleeping areas, restroom facilities, and eating areas (multiple spike camps)
    **d.** If common eating areas must be used, consider eating in shifts and cleaning between shifts.
    **e.** Utilize remote/radio briefings or expand briefing areas to accommodate 6 foot spacing.
    **f.** Order extra handwashing stations and portable restrooms. Consider shower and laundry units.
    **g.** Consider if IMT or camp functions can be accomplished remotely.
    **h.** Maintain ice chest/cooler cleanliness by cleaning hands prior to use.
    **i.** Expectations of regular shower use, when available, by firefighters should be conveyed to personnel.

**5.** Clean or change PPE often. This is not the year to proudly wear dirty Nomex.
**6.** Plan shifts to allow for more rest than historical norms. Consider more rest between responses.
**7.** Plan operations to reduce smoke exposure. This includes significantly limiting mop-up.
**8.** Emphasize strategies with low resource demand and high likelihood of success.
**9.** 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.
10. Evaluate all firefighters returning from extended attack/ large fire support incidents to protect their family members and home unit coworkers from potential exposure. Watch for symptoms and evaluating exposure based on the DOI Management Decision Matrix attached in the Appendices. Follow Management actions listed for any potentially affected returning employee.
11. Consider telework options for modules returning from large incidents once preparedness activities are complete and local fire conditions allow.

***Potential/Confirmed Employee Exposure***

1. If signs/symptoms of COVID-19 are part of the diagnosis, utilize EMS services that can transport the individual(s) with proper PPE and precautions.
    a. If not available/feasible, have transporting driver wear COVID-19 PPE to include mask, gloves, glasses
        i. Clean vehicle thoroughly and wash hands thoroughly, and change clothes immediately.
    b. Complete CA-1 and CA-16 for both sick employee and driver
        i. Follow DOI Management Decision Matrix for driver if employee tests positive for COVD-19
2. Coordinate with local health officials for employees with confirmed COVID-19 and adhere to ADA confidentiality requirements.
3. Any employees with confirmed COVID-19 cases must be symptom free for 14 days and must have a follow-up COVID-19 test with a negative result prior to returning to work.
4. Isolate equipment/aircraft and personnel away from active operations and other personnel.
5. Implement team or local unit exposure response plan.

**Other References:**

**CDC Corona Virus**

**WY Department of Health Coronavirus**

**Wildfire Lessons Learned - COVID 19**

**Wildland Fire Response Plan COVID-19 Pandemic, Rocky Mountain Geographic Area**

*Appendix A*
*Cleaning Procedures/Recommendations*

## ***Individual hygiene***

- Wash hands frequently for at least 20 seconds, with soap, after coughing or sneezing, when hands are visibly dirty, or after touching common surfaces.
- Provide handwashing stations to frequently entered facilities.
- Use hand sanitizer when getting in and out of vehicles and after fueling.
- Do not touch eyes, nose, or mouth with gloved or unwashed hands.
- Cover nose and mouth when coughing or sneezing. If using a tissue, immediately dispose of the tissue and wash or sanitize hands.

## ***Laundry***

- Wear clean clothing/PPE every day when not on assignment.
- Wipe down all non-laundered apparel (shoes, wristwatches, jewelry, etc.), with disinfectant.

## ***Workplace/equipment/cleaning procedures***

- Develop routine daily cleaning procedures for vehicles and other equipment.
- Designate a trained employee to supervise daily cleaning procedures.
- Ventilate vehicles during and after transport.
- Clean all "high-touch" surfaces every day.
- Follow CDC and local protocols to mitigate contact with bodily fluids, including the cleaning or disposal of PPE and equipment.
- Use disposable paper towels when available (with approved cleaner) or wipes for cleaning; Wipes – not sprays – are recommended to avoid aerosolizing the virus on contact.
- Thoroughly wet surfaces with cleaning solution and air dry; do not actively dry surfaces after application. Follow cleaning recommendations for cleaning supplies. Wash hands thoroughly after cleaning equipment, surfaces, etc.

## ***Travel/transportation cleaning procedures***

- Minimize contact with non-fire personnel and time in public areas while travelling.
- When using public transportation such as commercial aviation, use proper PPE to minimize exposure.
- Follow guidelines for cleaning/disinfecting surfaces when staying in motels/hotels.
- Stay in your hotel room to the extent possible and wipe down high touch areas.
- Consider eating in your hotel room, utilizing take out or delivery. Maintain social distancing when eating while on the road.
- Follow guidelines for cleaning/disinfecting vehicles.
- Consider use of rental RV's that can also be used for office space.
- Have a three-day supply of water and MRE's for each person if driving.
- Maintain a manifest if travelling with others.

*Appendix B*
*Operations*

## ***Engine, Crew and Dozer Operations***

- Screen all crew members for symptoms of COVID-19 prior to mobilization utilizing the Decision Matrix and temperature check if available.
- Be self-sufficient for duration of travel to and from incidents (food, hydration, lodging) to avoid general population exposure. Use protective measures at fueling stops, rest areas, and other necessary business areas.
- At incident, maintain appropriate personal distance; minimize personnel involved in check-in and at briefings. Utilize separation from other resources in sleeping areas, food service, supply, staging and other areas of typical congregation.
- During tactical operations maintain separation from other resources as much as possible. Maintain personal spacing within crew. Avoid sharing tools, water, radios, etc. Rely on electronic communication in place of face to face with overhead and adjacent resources.
- Be cognizant of maintaining personal hygiene throughout the operational period. Allow time for washing and sanitation.
- Expect change in how business is conducted, and tactical plans and communications will be implemented. Time frames and methods will be different. Exercise patience and maintain vigilance of the health of crew members.
- Consider processes that could allow minimization of time in large fire camps or ICPs, including:
    - Acquiring additional vehicles to limit crew intermingling and provide for vehicle quarantine options.
    - Additional vehicles may also be needed for infected crewmember home transport. Have resources prepared to operate from spike camps.
    - Carry additional MREs or freeze-dried meals to be more self-sufficient for longer periods.
    - Carry additional chain saw parts and other consumable equipment.

## ***Initial Attack Operations***

- Make sure vehicles are fully stocked with disinfecting wipes, hand sanitizers and soap.
- Don’t share PPE, flight helmets, radios, gloves etc.
- Acquire additional vehicles to limit crew intermingling and provide for vehicle quarantine options.
- Additional vehicles may also be needed for infected crewmember home transport
- Have resources prepared to operate from spike camps.
- Carry additional MREs or freeze-dried meals to be more self-sufficient for longer periods.
- Carry additional chain saw parts and other consumable equipment.
- Maintain same team (module) “Module as one” concept throughout the season.
- Follow Federal/State/County Health Authority Recommendation.
- Stress off duty responsibility in protecting themselves and their crew from exposure.
- Include COVID-19 mitigation in briefings and safety messages. Incident Response
- Weigh the risk of responding in multiple vehicles.
- IA briefing needs to maintain social distancing and limit to key overhead personnel.
- Maintain high level of crew self-sufficiency.
- Consider use of heavy equipment/aircraft that may limit number of personnel needed.

- Sanitize vehicles and equipment at end of shift each day.
- Limit mop-up and smoke exposure, emphasis on use of FLIR technology to get unit in monitor status and the portable use of UAS's.

*Health and Wellness*

# Employee Health Screening

**Purpose:**
In order to maintain the health and safety of employees in the workplace and in the field, it may be necessary or mandated to perform daily health screenings. This Standard Operating Procedure (SOP) consolidates direction from the U.S. Equal Employment Opportunity Commission (EEOC), DOI and the CDC. It is intended to help supervisors strike an appropriate balance between medical privacy and the health and safety of their employees. During a pandemic the Americans with Disabilities Act (ADA) allows employers to screen for symptoms consistent with COVID-19 and can send employees home if they are experiencing those symptoms [3].

**Scope:**
This SOP may be used to screen employees for symptoms consistent with COVID-19 and possible exposure to COVID-19. It provides management action options based on current DOI direction [5] and symptom screening criteria that follows CDC guidance. Screening can take place while at the duty station, in the field or on an incident.

**Instructions:**

- Use the screening form (page 2) to monitor symptoms of employees at the start of each shift. If using another screening tool ensure that it follows current DOI, CDC and EEOC policy and guidance.
- Screening should be performed by a supervisor or their designee.
- Organize screening outside of any buildings and ensure employees maintain social distancing (> 6ft).
- Management Actions should be based on DOI direction and current CDC guidance.
- In addition to health screening at the worksite, employees may be asked to self-screen before coming to work using the same criteria
- The screener should maintain 6 ft of separation with the employee and may instruct them to take their own temperature. Ensure the thermometer is disinfected between each use.

**Confidentiality of Medical Information:**
All medical information gathered is subject to ADA confidentiality requirements].

**Mask or Face Barrier:**
CDC guidance indicates personnel may voluntarily wear a barrier over the nose and mouth in public settings as an additional safety measure. Due to the COVID-19-19's of transmission through respiratory particulate, which is expelled when talking, coughing, sneezing, or spitting a face covering can be an additional protection method. Masks made from cloth material are acceptable facial barriers.

**Temperature Readings:**
Due to the shortage of thermometers, individuals and units may be unable to obtain a thermometer or will be using different types and models. Because thermometer data will be inherently inconsistent, temperature readings should be used as a rough indicator. In addition to a temperature reading the screener may ask the employee if they are feeling feverish (e.g. flushed face, glassy eyes or chills). It is recommended that states purchase infrared digital forehead thermometers, so device consistency is maintained throughout the states.

# Health Screen Form

**This form is not intended to be used as a medical evaluation tool. Individuals experiencing symptoms consistent with COVID-19 should contact a medical provider. An individual experiencing trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face should seek medical attention immediately.**

**Name of Employee: _____** **Date/Time: _____**
**Name/Title of Screener: _____** **Location: _____**

**Screener Directions:**

1. **Ask employee the following question:**

   *Are you currently exhibiting any symptoms compatible with COVID-19[2], including fever above 100.4 degrees Fahrenheit, cough, or difficulty breathing?* **YES _____ NO _____**

2. **Record body temperature: _____**

3. **Ask employee the following question:**

   *Have you been in close contact within the last 14 days with someone who has been diagnosed with COVID–19 or been experiencing symptoms compatible with the virus?* **YES _____ NO _____**

**Management Actions[]:**

1. If the employee answered **YES** to question #1 or temperature is greater than 100.4°F, have the employee self-isolate following CDC guidelines and consult a medical provider. Identify and advise any close contacts to self-isolate and self-monitor for 14 days. Notify management official.
2. If employee answered **YES** to question #3, Have employee self-isolate for 14 days from last known exposure, self-monitor, and consult a medical provider if symptoms arise. If employee is MISSION CRITICAL[], they may continue
3. to work but must self-monitor twice daily and self-isolate immediately if symptoms develop. Notify management official.

**Medical Provider Information:**
(Include local medical provider information here.)

*Appendix C*
*Health and Wellness*

**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.

**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.

**Quarantine**: staying in a specific designated location (i.e., your home, hotel) away from others, for the purpose of observing and monitoring your health status for the development of symptoms.

**Available Local**: Available to only respond within your designated dispatch zone.

*Appendix C*

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# 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.

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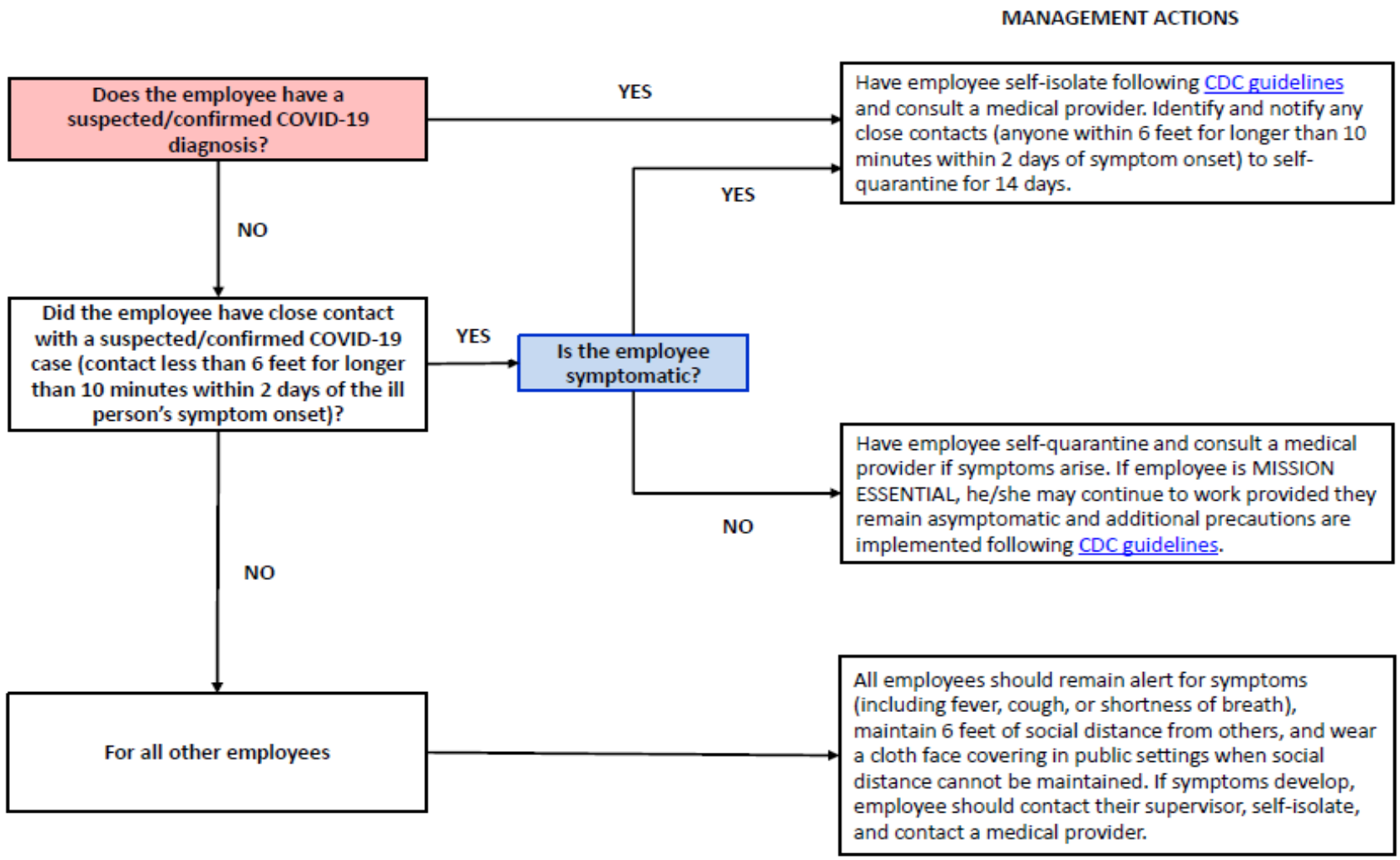
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