



ROCKY MOUNTAIN COORDINATING GROUP

Bureau of Indian Affairs (Southwest, Rocky Mountain and Great Plains Regions)

Bureau of Land Management (Colorado and Wyoming)

Fish and Wildlife Service (Mountain/Prairie Region)

Forest Service (Rocky Mountain Region)

National Park Service (Intermountain and Midwest Regions)

State Agencies in Colorado, Wyoming, South Dakota, Nebraska and Kansas

Date: June 29, 2020

To: Rocky Mountain Area Agency Administrators and Line Officers

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Subject: Rocky Mountain Area (RMA) Response Guide Highlights

RMCG Correspondence: #2020-09

The Rocky Mountain Coordinating Group (RMCG) is appreciative of the efforts by the RMA Incident Management Teams (IMT) who developed the RMA Incident Response Guide (Attachment 2). To complement these efforts, RMCG felt the need to provide an executive summary to Agency Administrators, Representatives, and Line Officers that will serve to highlight some of the larger changes with RMA IMTs response to incidents during the ongoing pandemic.

These highlights can be found in Attachment 1 to this communication and are only meant to give an overview of the RMA IMT Response Guide as they do not detail every consideration the IMTs will be making to help mitigate the potential spread of COVID-19. Thus, RMCG recommends reading the document in full. Additionally, the highlights are organized by general theme as well as by functional area.

RMA Response Guide Highlights

- Incident Command Post (ICP) & Camp Locations
 - Camps may be closed to “non-essential” personnel.
 - More space may be required.
 - Multiple full-service camps may be required to stay compliant with social distancing recommendations.
 - Camps may require face coverings.
 - No common dining areas.
 - Food may be pre-packaged.
- Technology
 - Zoom may be utilized to facilitate a variety of meetings.
- Briefings
 - Zoom may be utilized to facilitate briefings.
 - Radios may be utilized to conduct briefings.
 - In-person person meetings may be limited to 10 people.
- Hotels
 - Teams may be asking for approval to utilize hotels for remote work space.
- High-Risk Personnel
 - Make sure safety officers are available for personnel who may be at high-risk.
- Reporting illness
 - Personnel may be asked to conduct daily self-assessments and report back to Medical Unit Leaders.
- Contact Logs
 - Resources may be asked to keep a log of contacts to assist with any contract tracing that may be required.
- Incident Commanders (IC)
 - IC and Deputy IC may be located separately at ICPs.
- Information
 - Two PIOs may be required.
 - One PIO should be located on-site, and one located off-site.
 - Separate vehicles may be utilized.
- Liaison
 - Two or three liaisons may be required this year to help maximize communication flows in virtual environments.
 - One Liaison should be located on-site, and one or two liaisons located remotely.
- Safety
 - Two Safety Officers may be required.
 - One Safety Officer may be located in the field while one acts as a “planning safety” located in ICP.

- Medical Unit
 - May be split into two units.
 - Cooled yurts will be a preference this year.
 - Only “essential” personnel may be allowed into Medical Units.
 - N95 masks and other personal protective equipment (PPE) may be required for all personnel entering the Medical Unit.
 - One Medical Unit area may have a section for tents complete with restrooms and handwashing stations.

- Operations
 - Radios may be utilized to facilitate briefings.
 - Social distancing concepts may be utilized on a division by division basis.
 - Increased dependence on technology.
 - Self-sufficiency will be expected for all resources for up to 72 hours.

- Logistics
 - There will be a high demand for restrooms, handwashing stations and hot water stations.
 - Sanitation and PPE demands will be much higher than usual.
 - There will be a marked increase in the footprint required for Ground Support.
 - More drivers may be needed.

- Communications
 - Radios will need to be disinfected.

- Supply
 - Orders may be facilitated electronically.
 - Disinfectant procedures may be implemented for contaminated clothing and/or equipment.
 - Ordering timeframes may be adjusted to reduce lines for items at Supply.
 - Only “essential” personnel may be allowed into Supply Units.

- Planning
 - There may be a mix of on-site and remote personnel participating in Planning Section efforts.
 - Resources maybe checked into a fire remotely.

- Finance
 - Most of the Finance Section may be located remotely within a one-hour commute to ICP.

Rocky Mountain Incident Management Teams



*Incident Response Guide in the
COVID-19 Environment
June 10, 2020
Version 1.1*

RMA IMT COVID-19 Response Guide – Version 1.1

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I. Background

This document was developed as a result of a worldwide pandemic of a severe acute respiratory syndrome SARS-CoV-2 or COVID-19 and is the basis for the need to prepare the Rocky Mountain Area COVID-19 Incident Management Team Response Guide (Response Guide). As of May 20, 2020 there were approximately 1.6 million reported cases of COVID-19 reported in the United States. The estimated number of cases reported in the states that comprise the Rocky Mountain Geographic Area as of May 20, 2020 was approximately 45,700.

The United States formed the COVID-19 Task Group in February 2020 that developed guidelines for social distancing and other best practices to curb the spread of COVID-19. Using the guidelines from the COVID-19 Task Group, many states and counties throughout U.S developed and implemented orders and restrictions based on conditions in their respective states. Much of the country has been under orders or advisories that restricted gatherings of people, closed businesses and kept people at home except for those deemed as essential workers and for necessary travel. Beginning in May of 2020, parts of the country began to open up with some states beginning to rescind or modify restrictions based on stabilizing or reduced numbers of new COVID-19 cases.

The information and research on COVID-19 are rapidly changing and requires flexible responses from people throughout the world to minimize risks and spread of the disease. COVID-19 is thought to spread through direct, person to person contact and indirect means by touching contaminated surfaces. Recent reports suggest the disease is far more widespread than previously thought due to asymptomatic infections.

II. Version Tracking

Version	Date	Updates
Version 1.0	5/20/2020	Incident Response Guide in the COVID-19 Environment
Version 1.1	6/10/2020	Incident Response Guide in the COVID-19 Environment

III. Introduction

A. Objectives

The purpose of this Response Guide is to provide a model for mobilizing, managing and demobilizing people for a large incident in a COVID-19 pandemic environment. The Response Guide also serves as a reference document for incident management team functional areas on how to operate in a COVID-19 environment. Specific objectives include the following:

- Allow incident operational, leadership, and support personnel to respond in a manner that accomplishes incident objectives.
- Maintain effective communications between incident personnel, agency administrators, public officials, cooperators, and the general public.
- Prevent or minimize the spread of COVID-19 among incident personnel and the public as a result of incident management activities.

There are four principles or four pillars which support success of the third objective. These should be considered when making any decision regarding COVID-19.

- Expose as few people as possible while providing service to the community.
- Appropriately utilize and conserve PPE for ongoing protection of personnel.
- Prevention is key. Spend time and money on covering mucous membranes and hand washing (i.e. wear masks and eye protection and wash your hands).
- Separation and ventilation are also key. Stay outside, and as far away, as much as possible.

B. Assumptions for Incident Management

Incident management operations and support functions will be significantly affected during the COVID-19 pandemic. Implementation of social distancing practices during all phases and locations of an incident will be paramount in preventing or minimizing the spread of the virus. Considering the number of people from different areas that are engaged in managing a large incident, in combination with the fact that COVID-19 is highly contagious and many carriers exhibit no symptoms, it is likely that cases of COVID-19 will occur on an incident. It is also likely that IMTs will be assigned to incidents in communities where the virus is present. Incident management teams will need to be prepared to respond in the COVID-19 environment and have systems and mitigations in place that contain or minimize the spread.

The following is a partial list of some of the operational and support work that will require change as new CDC guidelines and processes are being defined:

- Location, design, and layout of the Incident Command Post (ICP) and Incident Bases will be modified.
- Multiple work locations and camps will likely be needed to disperse personnel into smaller groupings.
- Food service will be different.
- Work locations will need to include a mix of onsite, remote, or virtual settings.
- Identifying and understanding the most appropriate technology to use for communicating internally and externally.
- Storage, sharing, and access to incident data and documents.
- Re-design of all meetings and briefings to meet social distancing guidelines.
- Communicating and collaborating with the public, cooperators, stakeholders, and public officials.
- Alternate means of delivering information to the community in place of public meetings.
- Screening of incoming overhead and resources at check-in and demobilization.
- Medical Unit design and process for identifying, assessing and treating/referring suspected COVID-19 cases throughout the duration of the incident.
- Potential changes in the development of strategies and tactics.
- New challenges associated with isolation or quarantine.
- Social distancing for fireline and field operations.
- Extra cleaning/disinfecting of surfaces, facilities, and restrooms.
- Transfer of field intelligence to the Situation Unit.
- Preparation and distribution of maps and other products.
- Time and equipment recording and processing.

The above list represents some of the items that will be addressed in this document. It is likely IMTs will discover unforeseen circumstances and problems that will require immediate solutions. Sections IV and V will provide guidelines and mitigations for incident management operations in the COVID-19 environment.

C. Work Location

There are three categories of work locations that are applicable to the Response Guide. They include the following:

Onsite: Individuals will perform work at their usual locations: ICP, Incident Base, fireline, etc. Onsite personnel will interact on a person-to-person on a daily basis. Onsite personnel should adhere to social distancing guidelines, wear face coverings and practice hygiene recommendations at all times.

Remote: Individuals will be assigned to the incident but be physically located at a remote location such as an airport, hotel room, conference room, local office, or other off-site facility. They may be working alone or in a small working group. They are expected to have the ability to quickly interact on a face-to-face basis with personnel as requested by Section Chief or Incident Commander. Personnel working at remote locations should adhere to social distancing guidelines, wear face coverings, and practice hygiene recommendation when person-to-person interaction occurs.

Virtual: Individuals must be dedicated to full time performance of their incident duties; however, they can work from a location away from the incident with no expectation of needing to leave their home base or duty location. No face-to-face interaction is expected. The ability to interact by phone and/or video conferencing will be necessary.

A complete list of incident personnel and their work locations in Appendix A.

D. Additional Personnel

It is expected that there will be a need for ordering additional personnel beyond what would normally be assigned to a given incident. The greatest number of additional people would likely be in the Logistics Section. The need assumes an increase in the number of camps being set up to disperse operations personnel into smaller working groups. This increased number of camps adds complexity in the form of services needed and additional people needed within the logistic units to manage the workload. Extra leadership and technical positions (such as Information Technology Support Specialist) in other functional areas are also likely to be needed with the multiple camp scenario.

Appendix A displays a list of estimated additional team personnel needed. Some of the additional positions are those typically placed on the pre-order, but others have been added to reflect the anticipated needs associated with incident operations in a COVID-19 environment. As with any incident the need for additional positions would be discussed with and approved by the hosting agency administrator(s).

E. Critical Needs for Incident Management

Advance planning and preparation are critical for IMTs to able to operate successfully in the COVID-19 environment as well as the ability to be flexible and adapt to changing circumstances. For example, acquiring personal protective equipment (PPE) such as face coverings and nitrile gloves, along with cleaning supplies, in a timely manner is a priority. Some of the common critical needs to consider as part of the advance planning are listed in the table below. In addition, the entity(s) that has the

primary responsibility for initiating the advanced preparation and/or planning to address the critical need is identified in the table.

Responsibility	Critical Need
IMTs	Ensuring designated team members have FireNet accounts and ability to use Office365 prior to mobilization.
TBD	Electronic versions (some in fillable .pdf format with electronic signatures) of all necessary forms are available in FireNet on the IMT drive. QR codes are created for easy downloading to mobile devices.
IMTs	Development of fillable format and signature capable .pdf forms.
IMTs	Advance acquisition of technology-based communication accounts such as Zoom.
IMTs	Preparing pre-orders to reflect additional needs for personnel, equipment, facilities and supplies.
RMACC	Ensuring vendors have loaded computers with applicable software and video conferencing capabilities.
IMTs	Ordering a sufficient number of computers with applicable software and video conferencing capabilities.
RMA Cache	Availability of adequate personal protective equipment (PPE) and cleaning products based upon CDC guidelines for immediate delivery to an incident.
RMA Cache	No-contact thermometers and pulse oximeters for check-in screening.
Hosting Unit	Advanced authorization for laptops, cell phones, rental vehicles or POVs, and Technological related tools or equipment.
RMACC, Dispatch Centers	Resource orders upon mobilization contain language authorizing laptop, cell phone, radio programming equipment and support tools.
Hosting Unit, IMTs	Ensure implementation of guidance found in the Interagency Checklist for Mobilization of Resources in a COVID-19 Environment. See Appendix B for checklist.
Hosting Unit, IMTs	Provide good connectivity (and bandwidth) that will enable onsite, remote or virtual personnel to effectively use technology to communicate and share electronic information.
Hosting Unit	Pre-identify areas for extra space or multiple locations for ICP, remote work locations, parking areas, and satellite camps.
Hosting Unit	Identify remote ICP locations (i.e. schools or hotels), multiple camp locations, and sites for larger ICP/Incident Base setup before the season or at the immediately at the onset of placing an order for an IMT.
Hosting Unit	Assess scenarios and develop strategies in advance for management of large incidents that meet the hosting-jurisdictions intent for managing fire in a COVID-19 environment.

F. Uncertainty and Changing Conditions

Uncertainty and changing conditions are a reality in the COVID-19 pandemic environment. Given that the virus is new, the medical and science community is constantly learning and adapting. Many of the model predications and assumptions about COVID-19 have proven inaccurate due to the dynamic nature of the virus. Effective therapeutic treatments are being discovered and approved for use; however, widespread distribution of any vaccine will likely not occur during the time frame for the 2020 operating season.

There are wide variations in the level of infections and mortality rates throughout the United States including the Rocky Mountain Geographic Area. In general, while the number of daily new cases has stabilized or showing significant downward trends, in many areas the potential exists for new waves of infections. Regardless of the situation, incident management teams will need to remain vigilant,

flexible, and be able to incorporate the latest evidence-based practices and adapt to the recommended guidelines and mitigations at the time of deployment.

IV. General Operating Guidelines and Mitigation Measures

This section will provide recommended guidelines and mitigation measures that apply to all functional area personnel and incident resources. Operating procedures are focused on ensuring that all personnel are cared for in the safest possible manner and participate in prevention, avoidance, containment, management, and treatment of COVID-19 as needed.

All personnel assigned to an incident must be given the opportunity to operate in an environment that provides a reasonable level of safety and limited exposure to the potential of viral transmission. The health and safety of emergency responders must be the priority on any type of incident.

The degree of application of the various guidelines and mitigations could increase or decrease at different times throughout the season. For example, as community immunity increases, emphasis might shift to protection of high risk populations on the team and in the community and reduced emphasis on social distancing on the fireline. Incident personnel should take a doctrinal approach when planning and implementing these guidelines and mitigations.

A. Incident COVID-19 Response Plan

Depending upon the circumstances regarding COVID-19 at the time of mobilization, IMTs will need to determine which guidelines and mitigations need to be implemented. Conditions may indicate the need to modify or add guidelines. It is recommended that at the time of mobilization, teams coordinate with the ordering jurisdictions to build an incident specific COVID-19 Response Plan appropriate for existing circumstances. Essentially, the IMT would be developing a concise customized plan that draws on key guidelines and mitigations outlined in the RMA IMT COVID-19 Response Guide that best addresses with the circumstances and the community to which they are responding.

B. Incident Command Post and Camps

The establishment and layout of ICP and supporting units is one of the most critical startup decisions an IMT and host unit can make in the COVID-19 environment. The mass closing of businesses and schools resulting from a pandemic and shelter-in-place environment may provide more options for locating an ICP than during a typical mobilization, if these locations are made available for IMT use. In general, more facilities and space will be needed to support incident operations.

The location of the ICP is critical and requires careful assessment. A balance is required between those that need to be close to the incident and those who are working remotely while having high quality internet connectivity and critical infrastructure. Although there will likely be fewer people physically located at the ICP, a typical ICP footprint will still be necessary due to the increase in work space associated with social distancing guidelines.

Quality access and egress is essential for the ICP and all camp locations. As the main camp will be the central hub for all logistical support, there will be a high volume of delivery traffic coming and going throughout the incident. In addition to the typical ICP and Incident Base set-up, there may be a need to organize multiple full service camps with the intention of each base supporting a division or several divisions. Logistical support in these camps could extend beyond the typical spike camp as they would

be designed to be self-sufficient, keep people in smaller working groups, and provide for better opportunities to contain an outbreak of COVID-19.

Section III-C describes three types of work locations: onsite, remote and virtual. There are some duties that require the person to be on onsite at the ICP, Incident Base or the field. However, there are a variety of scenarios where a significant portion of the support functions could work at a nearby remote location with occasional need to interact in person, and others may be able to perform their duties from a virtual location with no in-person visits needed. In Section V, each functional area has identified the positions and duties that can be conducted onsite as well as those that can be accomplished at a remote or virtual location. Given the number of variables and possible scenarios, the assignment of personnel to a preferred work location will not need to occur until mobilization.

For some incidents, everyone may be located on one large footprint. In these cases, efforts will be made to separate personnel and traffic to each specified location (e.g., limit traffic between the staging area and ICP to what it would be if they were at separate sites). More information is available in the Facilities sub-section (V-G.).

C. Security

Access to ICP and Incident Bases would be limited to only personnel that are assigned to the incident, agency administrators, incident contractors, and others that have been authorized by the Incident Commander, primary staff or section chiefs. Visits by others would need to be by appointment, require prior approval, and be escorted to their destination. All individuals may be required to wear face coverings or other PPE.

D. Food Service

Food service will be significantly different. There should be no dining tent, common eating area or buffet-style salad bars. All meals should follow the COVID-19 Food Service Options guidance (Appendix H). Hot meals at all locations will be served in pre-packaged containers. There will be no hot cans used. In addition, there will be no communal drink access, 24-hour drink trailer, or self-service coffee kits at any location. MREs and sack lunches will be used extensively in the early parts of most incidents.

Individuals working at remote locations may choose to purchase meals on a per diem basis. Personnel choosing this option are advised to practice social distancing and use carryout or delivery services rather than sit-down dining. Fireline resources may arrive prepared to be self-sufficient for an extended period. Close coordination will need to occur between all functions and logistics regarding food orders. Food deliveries to the site(s) may be arranged in advance if possible.

E. Technology

Prior to mobilization, it is recommended that all incident team members down to the Unit level obtain a FireNet account. Other team members needing accounts are at the discretion of the Section Chief. Also, each RMA IMT should have an established “Team Drive” setup in FireNet for internal business. Having a FireNet account will give agency and non-agency personnel access to Office 365 and use of features such as Microsoft Teams which has video and tele-conferencing capabilities. Other Microsoft Office applications are also available to those with FireNet account.

Upon mobilization, an IMT should request a FireNet incident-specific accounts with associated email accounts for data and document storage for the incident. With the possibility of people working from a

remote or virtual location, the sharing of information and data bases on a common server that is typically found in an ICP may not be possible.

Teams are also advised to acquire or have access to a teleconference line(s). Some team members may already have accounts available to use. If not, consider ordering numbers for incident-specific applications.

Another application teams should be prepared to use is Zoom. It is recommended to use Zoom for meetings comprised of different entities that do not have access to Office365 such as in-briefings, cooperators meetings, operational briefings, planning meetings, and incident closeouts. Zoom would not be feasible for a public meeting in most circumstances.

All teams were asked to identify one person to hold a license to use Zoom for commercial purposes so each team will have access to one account prior to mobilization. Some agencies have restrictions on procurement of Zoom accounts; however, Teams will likely need additional Zoom accounts for an incident and are advised to request additional accounts at the time of mobilization.

Specific technological applications for the different sections and staff areas are noted in Section V.

F. Meetings and Briefings

Implementation of social distancing guidelines will significantly influence how IMTs conduct regular and necessary meetings. Incident-related meetings that will need to be restructured in a manner that addresses social distancing guidelines include in-briefings, operational period briefings, tactical and planning/strategy meetings, Command and General Staff meetings, and agency close-out meetings.

There are a variety of mitigations available, including such things as smaller groups for in-person meetings and using various technological applications to communicate. Specific mitigations applied will often be influenced by the configuration and location of the ICP. Each team will select its own methodologies based on the following set of principles:

- Use electronic platforms whenever feasible.
- Ensure required participants are informed and able to participate.
- Follow social distancing and wear face coverings for in-person meetings.
- Use radio briefings when appropriate.
- Limit participation to a maximum of 10 people (or current guidance) for in-person meetings.
- Implement cleaning protocols after in-person meetings.

G. Use of Hotels

An increase in the reliance on hotels or similar facilities to house IMT personnel and/or work stations is likely. The number of people and extent of use will depend on the availability of hotels and logistical circumstances of a given incident. A hotel room could serve as remote working location for an individual or a conference room(s) could be rented to provide work space for a small group. There may be circumstances when a significant portion of the ICP support functions could be located within a hotel. Use of hotels for IMT operations would be discussed with and authorized by the agency administrator(s) at the time of mobilization and is considered part of the overall design of the support services associated with the Incident Command Post. Assignments of rooms for lodging and/or remote work stations will be the responsibility of the section chiefs with prior approval from the Incident Commander.

H. High Risk Personnel

Extra precautions should be taken for incident personnel that meet the high-risk criteria established by CDC (or advised by their doctor) from being infected by COVID-19. Individuals that are deemed to be high-risk should notify their incident supervisor in advance of mobilization.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>).

Accommodations would generally consist of an assignment to work in remote or virtual locations with sleeping arrangements at hotels or other isolated locations. Individuals in the high-risk group who need to work onsite should work with their supervisor and consult with Safety Officers to develop a specific plan for social distancing, PPE, and other measures intended to reduce exposure.

I. Reporting Illness

Incident personnel are expected to conduct daily self-assessments and report any COVID-19 symptoms to their supervisor and the Medical Unit immediately. If someone falls ill, it is important to get them the treatment they need as soon as possible while continuing operations. If possible, the symptomatic person should report the illness to the Medical Unit by telephone and follow their instructions. See Section V and Appendix F for additional information regarding responses to suspected COVID-19 infections.

J. Best Practices

1. Personal Preparedness and Hygiene

Prior to mobilization, incident personnel are advised to bring additional items for assignments in a COVID-19 environment. The recommended list of items is found in Appendix D. Also, individuals are expected to conduct a self-assessment (Appendix E) at the time of mobilization to validate that they are fit for duty. Refer to Appendix E for questions and review of signs and symptoms.

Everyone is required to practice good personal hygiene. Frequent hand washing with soap and water and the use of hand sanitizer are important means of reducing the potential for transmission of COVID-19.

Each resource should complete cleanings of their workspace twice a day following CDC guidelines. Any common touch areas (doorknobs, light switches, handles, etc.) will be decontaminated more often. Cloth face coverings should be worn when in public places, including offices and meeting areas. These should be washed often.

2. Vehicle Use

For incident overhead it is recommended that only one person occupy a vehicle at time whenever possible. In situations where more than one person is traveling in a vehicle, all occupants are encouraged to wear face coverings. Fireline resources will follow the protocols developed by their Agency or home unit protocols for travelling in vehicles, but are required to wear face coverings when riding in vehicles with others not in their modules. Utilize ventilation via open windows whenever possible and do not recirculate the air.

Vehicle interiors should be cleaned with disinfectants on a regular basis. See Appendix J for guidance regarding vehicle cleaning techniques.

3. Cleaning/Sanitizing

In addition to social distancing, frequent sanitizing of commonly use or touched surfaces is critical in reducing the potential for transmitting COVID-19 as well as other infectious diseases. Additional camp crews or contract cleaning services should be ordered to conduct more frequent cleaning of work areas and restrooms. Individuals can assist in the process by frequently wiping down surfaces in their work area with disinfectant wipes or other methods. Appendix J provides more detailed information regarding frequency, methods, and equipment for cleaning or sanitizing work surfaces and facilities.

4. Use of Face Coverings

All personnel at ICP, camps, remote work locations with multiple personnel present and other incident-related gatherings are expected to wear a proper face covering in accordance with the CDC guidelines in order to reduce the potential for transmission of COVID-19 to others. Face coverings should also be worn when traveling with others in a vehicle. Face coverings may not be required when working in open environments where distances of more than 6' feet can be maintained such as the fireline.

Agency and home units have developed COVID-19 protocols and mitigations for crews and modules and they are expected to follow them when assigned to an incident. In addition, when operational resources interact with others outside of their own modules or crews and are at locations such as ICP or Incident Bases, they will be expected to wear face coverings.

Requirements to wear face coverings may be adjusted as circumstances warrant. Changes will be at the discretion of the Incident Commander in consultation with the Agency Administrator and Safety Officers.

5. Contact Logs

As part of an incident-specific COVID-19 response plan, individuals will be asked to keep a contact log of exposures. It is critical to document any occasion that anyone has contacts in which both parties were not wearing the appropriate PPE. Specifically, anytime face-to-face contact occurs closer than 6 feet, and one or both parties are not wearing face coverings, it needs to be documented. Contact logs, which may be a modified ICS-214 (Activity Log), are critical for tracking exposures to COVID-19. The daily contact log should provide the following information: name of all parties involved, date, time, location, face coverings worn by whom, social distancing followed (Y/N), cell phone number, email address. This information is needed for contact tracing should anyone become sick with COVID symptoms.

6. Social Distancing

Social distancing standards will be incorporated into day-to-day operations. Social distancing guidelines are explained in detail by CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>). Current guidelines will be followed and enforced in all aspects of management. See Appendix C for additional recommendations on social distancing when assigned to an incident.

K. Trainees

Trainees can and should continue to be given the opportunity to participate in incident management. They should be assigned to work in the environment (onsite, remote or virtual) that provides them sufficient oversight from their trainer and gives them the needed exposure to the job they are learning. When ordering trainees, consider the benefit to the individual and the learning opportunity from the assignment.

L. Agency Administrator Considerations

Incident operations in a COVID-19 environment will likely result in additional complex issues and other circumstances that have not been experienced in the past. Appendix L identifies issues that Agency Administrators should consider when hosting an IMT in the COVID-19 pandemic environment.

V. Functional Area Operating Guidelines & Recommendations

The National Mobilization standards for IMTs have not changed due to COVID-19 considerations. That standard roster configuration includes 44 fully qualified positions (33 specified, 11 discretionary), 9 IMT trainee positions, and 5 GACC priority trainee positions (58 total). IMTs also have a preorder request, negotiated with the host agency at mobilization, for additional positions necessary to function effectively on an incident. Implementation of COVID-19 mitigations (remote staffing, dispersed incident camps, increased medical personnel) will likely require additional support personnel. Appendix A shows projected staffing for an incident in the COVID-19 environment.

A. Incident Command

1. Work Location

The Incident Commander and IC Trainee (if assigned) will be located at the ICP. The Deputy IC could operate from a nearby remote location or be located at the ICP and have an isolated work space that would be effective in minimizing contact with other people, but be in a position to respond quickly as a contingency IC.

Position	Number	Work location
IC	1	ICP
DPIC	1	Remote or isolated office at ICP
IC(T)	1	ICP

2. Logistical and Technical Support Needs

The ICs will utilize existing laptops, mobile/portable radios and smartphones/smart devices to communicate virtually via video and/or audio conference. Logistically, ICs will need to have the ability to lodge and work separately onsite or remotely with quality internet access.

Position	Technology Needs	Work Space Description	Comments
IC	Laptop Cell phone AV capability	Onsite	Designated conference call number to communicate with agency administrators, staff and others

Position	Technology Needs	Work Space Description	Comments
DPIC	Same as IC	Remote or Onsite	
IC(T)	Same as IC	Onsite	

3. Operating Guidelines and Mitigation Measures

Incident commanders need to be diligent in managing their social contacts while at the same time providing the leadership required to manage an incident. More frequent interactions using telephone, conference calls, and video conferencing should occur. The absence or reduction in frequent face-to-face communications make interactive team problem-solving and informed decision-making more difficult. Validate information and follow-up on assigned tasks, decisions, and email correspondence to confirm or validate processes, changes in procedures, daily activities, planned events, etc. with the use of ICS-213 or other memo formats as established by IC personnel.

4. Other Considerations

Consider having replacement Incident Commander(s) pre-identified for situations where there is not a Deputy IC assigned to the team and the Incident Commander becomes infected with COVID-19.

B. Information

1. Work Location

One IMT PIO should be prepared to be onsite and one will be remote unless all Command and General Staff (C&G) functions are remote, and then both PIOs will be remote. IMT PIOs may all be onsite if work space setup allows for physical distancing. In addition, IMT PIO trainees may also travel to the incident as training opportunities allow. Additional PIOs will be ordered to work remotely to assist with media and community needs depending on the location of the incident. In general, the office function will be virtual to the extent possible. Three scenarios have been considered and are also addressed as it relates to the information function.

- Scenario A: **good** internet connectivity and cell service
- Scenario B: **poor** internet connectivity but **decent** cell service
- Scenario C: **poor** internet connectivity and **no** cell service (landline reliance)

The positions noted in the table below go beyond rostered positions (3) to include typical staffing for the Information function.

Position	# People	Work location
Lead PIO	1	Onsite (ICP)
Deputy PIO	1	Onsite, Remote
IMT PIO (T)	1	Onsite, Remote, Virtual
Media PIOs	1-2	Remote
Community PIOs	2+	Remote
Office PIOs	3+	Virtual

2. Logistical and Technical Support Needs

Logistical and technical support needs will be the same for all PIOs working at each work location.

Position	Technology Needs	Work Space Description	Comments
Onsite PIOs	High-speed internet/DSL Active FireNet account Computer Printer Cell phone	Workspace adequate for one or two PIOs to allow for physical distancing at onsite location	Software needs: Office suite, Chrome (with permissions to run flash) or IE/Edge, ability to write/edit PDF Cell phone needs to be capable of sending/receiving phone calls and SMS/MMS text messages
Remote PIOs	High-speed internet/DSL Active FireNet account Computer Printer Cell phone	Workspace could be provided for one or two PIOs at remote ICP with others working from a hotel/motel room. Preferably, all can work from room and only meet face-to-face when necessary.	Software needs: Office suite, Chrome (with permissions to run flash) or IE/Edge, ability to write/edit PDF Cell phone needs to be capable of sending/receiving phone calls and SMS/MMS text messages; need to have reliable service and adequate service plan
Virtual PIOs	High-speed internet/DSL Active FireNet account Computer Printer recommended Cell phone Dedicated phone	Workspace adequate for one or two PIOs to allow for physical distancing at agency or home offices.	Software needs: Office suite, Chrome (with permissions to run flash) or IE/Edge, ability to write/edit PDF Cell phone needs to be capable of sending/receiving phone calls and SMS/MMS text messages Dedicated phone needs to have reliable service and adequate service plan (cell or landline—cannot be a shared phone)

3. Operating Guidelines and Mitigation Measures

The Lead and Deputy PIO will travel to the incident in separate vehicles.

Although always important, due to the virtual and remote nature being outlined, it will be imperative that PIOs are provided updated information frequently throughout the day. This will require closer coordination with Incident Commanders and Operations Section Chiefs for operational updates and photos/videos.

The following headings cover operating guidelines for each branch within the information section.

Office Branch

In general, most office functions can be done virtually. A group of PIOs will be needed to monitor social media, answer phones, monitor and respond to email, post updates to Inciweb, FaceBook (FB), and other sources. It is possible that this Office Branch could expand to support additional teams within the RMA with one point of contact per fire and additional support personnel to monitor and respond to requests for multiple IMT incidents. One PIO would be ordered to oversee the virtual office

operation. The following are examples of office tasks and how they could be accomplished under each scenario (may not be all inclusive list):

Task	Challenge/Idea	Scenario A	Scenario B	Scenario C
Daily Release		Remote, Virtual	Onsite, Remote	Onsite, Remote
	Planning meeting attendance for information	Remote, Virtual	Remote	Onsite
	Draft completion prior to Operational Period Briefing	Remote, Virtual	Remote	Onsite, Remote
	Final Draft approval/ accessibility of approvers	Remote, Virtual	Onsite, Remote	Onsite
Daily Operation Period Briefing	Short to ensure posting due to bandwidth. OSC recorded Zoom (etc.) call to later post to FB	Lead/Deputy may have to take this on if they are remote/onsite	Lead/Deputy may have to take this on if they are remote/onsite	Lead/Deputy may have to take this on if they are remote/onsite
Inciweb		Remote, Virtual	Remote, Virtual	Remote with delay
Social Media		Remote, Virtual	Remote, Virtual	Remote with delay
Incident Base Information Board	This may not be able to occur due to logistics of spike camps vs ICP.	Online bulletin board; IAP submission as needed	Online bulletin board; IAP submission as needed	Online bulletin board; IAP submission as needed
Email		Remote, Virtual	Remote, Virtual	Remote with delay
Monitor News/Web		Remote, Virtual	Remote, Virtual	Virtual
Documentation Box	Electronic; FireNet incident drive; Scanners may be needed	Remote, Virtual	Remote, Virtual	Remote
Telephone	Info Line- Google Voice	Virtual	Remote, Virtual	Remote
PIO staff collaboration		Virtual	Remote, Virtual	Remote
Lost and Found	Limited to valuables; consider Security or Ground Support Units as collector	Onsite	Onsite	Onsite
VIP Escort	LIMITED – at discretion of IC/ AA. Considerations for physical distancing, safety, etc.	Onsite	Onsite	Onsite

Media Branch

Media functions will occur remotely as much as possible. Tours to the line will be discouraged and opportunities for acquiring footage from a safe location outside of the fire area will be provided. State media policies (e.g. California) may affect this and we need to be prepared to address those specific policies. Photos and videos from the line will be provided to media outlets as available, but a plan needs to be in place to acquire footage without impacting or relying on the Operations Section to provide the footage. A field-going PIO (line-qualified PIO) or NIFC photographer may need to be ordered to provide photos and/or videos for incidents where public and media interest is high. Media briefings should happen using Zoom or other virtual meeting technology where practicable. In some cases, media interviews and briefings could still happen in-person if an ICP is established and physical distancing can be assured. In-person interviews should be the exception and not the norm—used only

in special situations. Social distancing, face coverings and other measures dictated by IC should be utilized for all contacts with the public.

The following are examples of media tasks and how they could be accomplished under each scenario (may not be all inclusive list):

Task	Challenge/Idea	Scenario A	Scenario B	Scenario C
Media Escort	No media trips to the Line	Provide opportunities for acquiring footage from vantage points	Provide opportunities for acquiring footage from vantage points	Provide opportunities for acquiring footage from vantage points
Interviews	Limit in-person interviews	Remote using Zoom or other technology	Remote using Zoom or other technology	Onsite with physical distancing in place
Press Conferences	Best Practices already developed with COVID	Remote, Virtual	Remote	Onsite with physical distancing in place
Other Media Needs (Footage)	OSC video and photos; PIO and/or NIFC photographer	Remote using FireNet or an online photo album that allows upload	Remote using FireNet or an online photo album that allows upload	Remote- PIO or NIFC photographer to take photos/videos and go to area with connectivity to share
	Work with SITL/GISS to utilize collector images from line for information use	Remote, Virtual	Remote	Onsite, Remote

Community Branch

Community outreach should occur remotely as much as possible. We will utilize existing community outreach methods as much as possible (community FB pages, Next Door, phone trees, 211, etc.) and supplement with methods needed to ensure the affected communities are informed. Traplines will still exist but will be done only when safety measures can be put in place. PPE such as face coverings and use of laser pointers for pointing at the map and answering questions while promoting physical distancing will be essential. Electronic traplines may be used where practicable and where businesses have the capability to print materials for posting. Additional information boards may be needed to ensure there are enough outlets for members of the public to view information while maintaining physical distancing. The IMT should provide printed materials. Local businesses will likely not have the capability of printing maps and releases over multiple days for posting at their location. Small maps may be useless for community members to see what is going on and some community members may not be technologically able to look up information online. A pick-up location should be established at ICP to allow remote PIOs to pick up materials needed without person-to-person contact.

Community meetings will be virtual when technology and connectivity allow. In some cases, in-person meetings may need to occur. Meetings could be held in large open areas where physical distancing can be achieved using large screens and sound systems. One-on-one contact should not occur so an extended question and answer session may be needed at the end of the meeting. Facebook, Zoom

and other technologies will be used as much as possible. Community members should have the ability to ask questions in advance via email or during the meeting in Facebook. Other technology will be researched to see if there is a better alternative to allow interaction during meetings.

The following are examples of community tasks and how they could be accomplished under each scenario (may not be all inclusive list).

Task	Challenge/Idea	Scenario A	Scenario B	Scenario C
Trapline	Ensure meeting community needs; may need additional info boards; call ahead for approval to post to limit in-person contact; additional PPE and cleaning supplies may be needed; use laser pointers to “point at maps”; ability to get maps and materials from ICP	Remote; local radio/TV; local messaging systems	Remote; local radio/TV; local messaging systems	Remote; local radio/TV; local messaging systems
Community Meeting	Limited ability to hold in-person meetings; availability of technology such as FB Live, Twitter Live, local TV, radio station	Virtual	In-person; require set-up with physical distancing; limit to evacuees only or neighborhood specific; audio/visual considerations	In-person; require set-up with physical distancing; limit to evacuees only or neighborhood specific; audio/visual considerations
Incoming/ Outgoing Mail	Need a plan to accept incoming delivery for critical items such as medicine or replacement parts possibly coordinated through Logistics.	Remote	Remote	Remote

4. Other Considerations

Technology

Technology will be used as much as possible to ensure physical distancing and safety while ensuring we are providing the necessary support to the impacted communities and agencies we are serving. The PIOs have looked closely at options for accomplishing the task without transferring risk or relying on local agencies that may already be at capacity to be successful.

PIO Staffing and Communication

Additional PIO staffing may be needed due to the virtual component of the information function. It will be critical to ensure that the information that is being released and social media posts are accurate and timely. To communicate with remote or virtual PIOs, the Information Officers will need to have prearranged times for calls on MS Teams as well as sharing out information throughout the day via WhatsApp. Ensure that Lead/Deputy PIO arranges with Planning OSC to be a part of specific MS TEAMS calls, etc. to provide updates.

Donations

There is concern that, if firefighters are more spread out in a spike camp-type situation, donations could become a bigger issue than they have in the past. Members of the public who learn about “remote” firefighters will likely be looking to provide items to the firefighters that are near them and it will become difficult to control. Recommend messaging in advance to discourage donations. Processes for collecting and the possible redistribution of donations should be established and announced to all personnel. It will be important to have internal messaging concerning firefighters talking to the public about what they are getting for food/supplies, etc. Redirect desired donations back towards needs of the community food banks and small businesses in the local communities. Photos or videos from the community saying thank you that can be provided electronically to firefighters as well as signs posted throughout communities.

Trainees

Trainees will be used to the extent possible to provide a meaningful training assignment. It will be very difficult to monitor and mentor a brand new PIOF trainee on some incidents so we may be limited to how much we can utilize trainees especially those that have no previous fire, public affairs, or PIO experience.

C. Liaison

1. Work Location

It is recommended to have a minimum of two Liaison Officers (LOFRs), and preferably three, to facilitate maximum communication and coordination among the IMT, cooperators and stakeholders. The number of LOFRs will need to be appropriate for the complexities of the incident.

Position	# People	Work location
LOFR	1	onsite
LOFR	1-2	remote
LOFR	1	Virtual only if situation warrants.

The RMA IMT Liaison Officers will use MS Teams/Google Sheets to maintain a contact list that will be shared with the IC, Deputy IC and the C&G; it will be editable only by the Liaison Officers.

- One LOFR may be onsite at the ICP responsible for direct interaction and communication with team members, local agencies, cooperators, and stakeholders that are present at the ICP.
- The second LOFR will likely work remotely (e.g. EOC, hotel, etc.) and maintain communication with the onsite LOFR and virtual LOFR. Their primary role will be local interaction and communication with local agencies, cooperators, and stakeholders in a setting that allows for

the current best practices recommended by the Center for Disease Control and any additional local requirements mandated by the Sheriff and/or the Emergency Manager.

- A third LOFR may work remotely or virtually to provide additional communication support as well as technological support. This LOFR must quickly adapt to whatever tele/video-conference platform is being used by the Agency Administrator and cooperating agencies.

2. Logistical and Technical Support Needs

All assigned LOFRs must be supplied with (either by the IMT, host agency or personal equipment) and proficient in the items listed below, in addition to the standard LOFR Go-Kit.

Position	Technology Needs	Work Space Description	Comments
LOFRs	Laptops and phones updated with compatible software (Google Sheets, MS Teams, Zoom Pro)	Table	May be personal or agency laptops
	Dedicated tele-conference call lines		Available to cooperators & partners
	Video conferencing capabilities (recommend MS Teams and Zoom Pro)		
	Access to recorded briefings, maps, and messaging		To provide to cooperators and stakeholders
	GIS maps		
	1 printer and supplies		For use by any LOFR if printing capability is unavailable

3. Operating Guidelines and Mitigation Measures

DOCUMENTATION

Detailed, continuous, and thorough record-keeping will be of even greater importance in this remote/virtual environment. Such records must include the following:

- ICS-214, Activity Log—should include all meetings (in-person and virtual)
- Communication Log—in addition to the contact list, be sure to document significant discussions with cooperators and stakeholders, particularly EOCs and public health representatives.
- Prior to or upon arrival, acquire details of local public health guidance and immediately share with IC/DPIC/C&GS.
- Assist Safety Officers and Medical Unit to gain information regarding the capacity and integrity of the local and regional healthcare system(s).
- Maintain regular communication with PIOs to ensure consistent messaging between the IMT, the LOFR contacts, and the public.

4. Other Considerations

Prior to each rotation, each RMA IMT should pre-assign their LOFRs; if needed, contact LOFRs on one of the other teams if there are not at least two, preferably three, LOFRs available to fill each of the roles: onsite, remote and virtual.

It is recommended that the LOFRs among the three RMA teams be prepared and willing to assist each other if/when any team has a shortage of available LOFRs.

D. Safety

1. Work Location

The two team Safety Officers should configure much like the Operations Section does with a Planning SOF that would work at ICP with the Planning OSC and the Field SOF should work in the field and supervise the safety officers in the field. Of those listed in the table below, the Planning SOF and Field SOF are rostered positions. The line SOFs are preorder or during-incident orders.

Position	# People	Work location
Planning SOF	1	Onsite (ICP)
Field SOF	1	Onsite or remote; supervising the SOFs
Line SOFs: SOF2, SOF2t or SOFRs	4 or one per DIV	Onsite or remote; working in Divisions

2. Logistical and Technical Support Needs

The Safety Officers will require conference call and video capabilities, as they will communicate often with the line safety officers and Medical Unit. The IMT Planning SOF will need to work in an area that provides for social distancing and is located near the Planning OSC. The IMT Field SOF will require an office space that is remote from the ICP. Field SOFs will work from their vehicle.

Position	Technology Needs	Work Space Description	Comments
Planning SOF	Cell phone, laptop, & Wi-Fi	Table, chair, laptop, cell phone	Co-located with Planning OSC, conference call and video capabilities
Field SOF	Cell phone, laptop, & Wi-Fi	Vehicle and/or remote desk space	conference call and video capabilities
Line Safeties	Cell phone, laptop, & Wi-Fi	Vehicle	conference call and video capabilities

3. Operating Guidelines and Mitigation Measures

Safety is a small section and the individuals within it are self-sufficient and flexible in performing tasks. Safety will need sufficient space to allow for recommended social distancing between individuals at work locations. Safety Officers assigned to Division(s) or initial attack would be able to follow operations module-of-one concept to reduce the number of resources closely interacting with one another. Safety Officers will hold a daily video conference call with all line safety officers to share information and provide input into the ICS-215A. Having IMT SOF and additional safety resources assigned onsite would limit exposure to the majority of the IMT and provide personnel to fill gaps in

the safety program should there be an exposure. Safety Officers can also work closely with all IMT sections to provide up-to-date COVID-19 information and how it may pertain to their current assignment.

4. Other Considerations

The inputs for the IAP, Risk Assessment, ICS-215, accidents, and other necessary tasks which require input and review from other sections, may be slowed by internet access, loss of power, or loss of cell signal. These inputs can be accomplished without close personal contact by sending them electronically to the appropriate assigned individual. This may slow the completion process, which, in turn, may have a ripple effect on other sections. For Incident Within-an-Incident (IWI) modifications, see Appendix F, IWI Protocols.

E. Medical Unit

1. Work Location

Due to the complexity of tracking potential COVID-19 patients while still maintaining medical capabilities for IWI response, the Medical Unit will be split in two units. Each unit will work together as needed yet be able to work independently. Resources may be shifted as needed.

The following table includes all medical positions: Rostered, Pre-Order and COVID-19 additions.

Position	# People	Work location
MEDL Fire	1	Onsite, ICP
MEDL COVID-19	1	Onsite, ICP
MEDL (t) Fire	1	Onsite, ICP
MEDL (t) COVID-19	1	Onsite, ICP
EMTF Fire	1	Onsite, ICP
EMTF COVID-19	2	Onsite, ICP
EMTF	3	Onsite: Fireline/ICP/Spike or Remote Camps
EMPF	5	Onsite: Fireline/ICP/Spike or Remote Camps

2. Logistical and Technical Support Needs

- Evaluations and delivery of supplies will ideally be conducted outside for ventilation and social distancing. However, occasionally temperatures will be extreme and a conditioned (heated, cooled) double yurt for medical operations, with two dedicated restrooms and a handwash station nearby, will therefore be necessary onsite. This yurt will require dividers for separation of the treatment area and walk-in assistance area. Only essential personnel should enter the Medical Unit. Walk-up patients needing supplies or evaluation should be interviewed and screened through plastic yurt window if possible. Non-medical personnel seeking care or treatment for non-COVID related issues may enter provided they are wearing face coverings prior to entry. Patients should be screened prior to entry. Only one patient will be permitted at the medical evaluation desk at a time. Multiple patients will be permitted in a separated patient observation area provided they maintain physical distancing with face coverings in place for entirety of their stay.
- All medical personnel operating in the Medical Unit will don N95 masks, appropriate eye protection and nitrile gloves for all patient contacts/evaluations.

- Consider implementing an ordering system utilizing General Message, ICS-213, for request of routine hygiene and first-aid supplies. Consider placing a box outside of tent for ICS-213s. Orders can be filled and left in a bag for later pickup.
- A conditioned yurt is needed for “Medical Operations.” This yurt or office space should be designated for the Medical Unit business. No patient care activities will be conducted in this office. The medical office should be in close proximity to Comp/Claims and Communications Unit to facilitate IWI operations. If the Communications Unit is working remotely, coordination between the MEDL, Safety Officer, and Communications Unit will be necessary to develop additional IWI procedures. An IWI yurt or gathering location should be identified for C&G in the event of a serious or prolonged medical event.
- The COVID-19 Medical Unit should have an adjacent tent camping area cordoned off to restrict entry to all personnel (other than Medical, Comp/Claims or LPHA) with two dedicated restrooms and a handwash station nearby. This area will be designated for exposed symptomatic patients or patients awaiting demobilization. Any person who is symptomatic should be isolated, and immediately demobilized and sent home with their crew (if they have one). During the time that demobilization is occurring, all contact tracing should occur and if needed, testing. If the individual is too sick to be demobilized and sent home, they should be transported via ambulance to the hospital.
- A COVID-19 yurt should be avoided as plastic is one of the surfaces that the virus lives on longest. The concepts of time, distancing, and shielding (TDS) should be followed (i.e. limit time in enclosed space, stay separated, and wear PPE).

3. Operating Guidelines and Mitigation Measures

Medical Unit Leader Overview

- Preparations for a potential response to a COVID-19 outbreak must begin as soon as the IMT is notified of a possible deployment. The Safety Officers and Medical Unit Leaders (MEDL) should be given as much advanced notice of a deployment as possible. Upon receiving this notification, the MEDL should do the following:
 - Locate the local resources available to complete the ICS-206WF.
 - Contact the Local Public Health Agency (LPHA) or local Office of Emergency Management (OEM).
 - Brief the Incident Commander and the LOFR on the current local status.
 - Ensure medical resources are ordered and traveling to incident.
 - Begin travel as soon as possible to prepare for the arrival of incident personnel.

Mobilization Preorder

PPE

- N95 masks regular size (1 case approximately 160-250 masks)
- Surgical masks (half a case, approximately 500 masks)
- Gowns, gloves nitrile, non-latex (1 box small, 1 box medium, 2 large, 1 XL) , gowns (consider Tyvek, Frog Togg rain suits, or other stop gaps for gowns)
- Eye protection (50 pair of safety glasses). Note: Eye protection is not enough for patient treatment. Must be goggles or safety glasses with face shield.
- Bleach wipes (1 case) or 3 gallons of household bleach

- 3 spray bottles

Resources

- 4 MEDLs (2 MEDLs and 2 MEDL(t)s): 1 MEDL and 1 MEDL(t) to cover COVID-19 medical operations and 1 MEDL and 1 MEDL (t) for fire medical operations. One COVID MEDL should be sufficient as the ultimate goal is not to keep these potentially infected personnel in camp. Rather, the goal should be to demobilize them and send them home while focusing on contact tracing and determining the exposure risk to other incident personnel.
- 6 EMTF with equipment: 2 to COVID-19 medical operations and 1 to fire medical operations and remaining to line EMTF duties.
- 5 EMPF with ALS equipment for line EMPF duties.
- Notes section of resource order should say:
 - EMTF- “Line qualified/arduous with BLS equipment as defined in the “NWCG Minimum Standards for Medical Units”, AED, 4x4 off-road capable vehicle and licensure/certification in the state in which the incident is located. COVID-19- EMTF will arrive with appropriate PPE (N-95 masks, safety glasses, required face shield in conjunction with eye protections and gown/Tyvek suit) to operate for 3-5 days. Suggested items: non-contact thermometer, finger pulse oximeter, fabric face covering. PLEASE CONTACT MEDL PRIOR TO DEPARTING TO INCIDENT @ ***_***_****”
 - EMPF- “Line qualified/arduous with ALS equipment as defined in the “NWCG Minimum Standards for Medical Units”, AED, narcotics/pain control medications, 4x4 off-road capable vehicle and licensure/certification in the state in which the incident is located. COVID-19- EMPF will arrive with appropriate PPE (N-95 masks, safety glasses and gown/Tyvek suit) to operate for 3-5 days. Suggested items: non-contact thermometer, finger pulse oximeter, fabric face mas should also bring surgical masks. Enough for them and for their patients PLEASE CONTACT MEDL PRIOR TO DEPARTING TO INCIDENT @ ***_***_****”
- It is suggested that all crews and personnel perform their own monitoring of symptoms and daily checks to help reduce unnecessary exposures. However, due to anticipated shortage of resources, there is potential for the need to rely on engine/crew EMTs and Medics as a backup plan. The MEDL should identify these resources early on, make contact and outline expectations. Frequent communication with these resources is advised, especially if they are being utilized to conduct pre-shift screenings for personnel other than their own crew. If utilized in this manner these resources would require Medical Unit support for the required PPE and supplies. However, we expect difficulty in getting PPE and therefore utilizing other medical resources should be a last resort. Given that, if MEDLs think it will be necessary to use them, they will need to support the personnel and the associated quantities should be considered in PPE/Supply ordering.
- Consider assigning a Google Voice (or other provider) number to MEDL prior to the season so that the number can be pre-populated on resource orders and not changed depending on the MEDL assigned for that incident.

Mobilization

- MEDL(s) should contact State EMS in order to facilitate processing of limited recognition of EMS resources and develop list of local EMS and ambulance provider contacts. Contact all possible

destination hospitals and clinics to obtain 24/7 contact information, COVID-19 protocols, patient receiving procedures, testing availability, and videoconference and telehealth capabilities. Ask hospitals or LPHA for surge capacity and status of health system. Access to EM Resource, or other State awareness tools, should be established prior to deployment if needed. REPLICA requirements, procedures and information should be researched prior to mobilization.

- Next, the MEDL should contact the LPHA and establish what local and secondary location capabilities and procedures are in place for COVID-19 screening, testing, quarantining, and isolation. MEDLs should also determine if there are any local outbreaks and if their locations could affect fire operations in any way. If no local capability or procedures exist, the MEDL should work with the LPHA to establish their capabilities and procedures. For additional assistance, the State Public Health Department and State Emergency Operations Center may be engaged. The LOFR will work with all agencies to ensure the most efficient communications and support mechanism is established.
- The MEDL should contact the IC and LOFR at their earliest convenience to give an overview of the current local status. The overview should include the current status of COVID-19 in the area, the existing local plans for response, the capability of the LPHA and local hospital or clinic to manage additional cases and the identification of alternate care sites, if available. The LOFR can then start working with local agencies to establish quarantine/isolation locations away from the ICP.
- The MEDL should work with the RESL and Expanded Dispatch to ensure that medical resources have been assigned to the incident. If possible, the MEDL should contact those resources and brief them on these guidelines prior to their arrival at the ICP.

Arrival at Incident

- The MEDL should travel to the ICP as soon as possible to coordinate the check-in screening process. The monitoring form will be a valuable asset here early on. The Medical Unit will need to ensure all entrants and newly arriving resources are screened prior to entry to ICP or remote camp locations. A dedicated isolation area at the incident and an alternate site should be identified as soon as possible. MEDL (or designee) should facilitate screening of all IMT members/Incident Base resources currently on location as soon as possible upon arrival. Finally, the MEDL should attempt to contact local hospitals, clinics and EMS services to initiate and obtain physician oversight for incident medical operations (this task should be performed virtually, or by phone, as much as possible to avoid exposure).

PPE

- The following chart dictates the appropriate level of PPE for most situations on an incident. All medical personnel are advised to operate with a high level of suspicion regarding COVID-19, yet with an understanding that PPE supplies may be limited or unreplaceable.

Situation	PPE
Day-to-day ICP	Surgical mask preferred or fabric face covering as secondary
Screening (arrival or pre-shift)	N95 mask, safety glasses, face shield, and gloves
Medical Tent Operations- No patient contact, only supply dispensing or consulting	N95 mask, safety glasses, and gloves
N95 mask, safety glasses, and gloves	N95 mask, safety glasses, face shield, gloves, gown

COVID-19 Isolation Yurt	N95 mask, goggles, gloves, gown/suit, boot and head coverings
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- If goggles are unavailable, safety glasses and face shield can be used and vice-a-versa.

4. Other Considerations

Record of medical certification for those that come in to the incident: This may be captured elsewhere but, it should be noted, especially as it relates to COVID-19 and contact tracing.

Response to medical incidents in the field/on fireline: EMTFs and EMPFs should conduct a rapid screen for COVID-19 symptoms from CDC recommended safe distance (6' minimum) prior to initiating care. EMTF/EMPF should don appropriate PPE in compliance with suspected COVID symptoms as listed in PPE chart. EMTF/EMPF may use discretion based on immediate intervention on the patient's behalf to support life/limb threatening injuries.

F. Operations Section

1. Work Location

Position	# People	Work location
Field OSC	1	Onsite
Planning OSC	1	Onsite or remote
Strategic OSC	1	TBD, could be remote or onsite
Night OSC	1	TBD
OPBD	2	Onsite
STPS	1	Remote
AOBD	1	Onsite or remote
ATGS	1	Remote (Airport)
ASGS	1	Onsite
DIVS	4	Onsite near respective Divisions

2. Logistical and Technical Support Needs

Position	Technology Needs	Work Space Description	Comments
Field OSC	Laptop, satellite phone, cell phone support, internet connectivity	Onsite field office with connectivity	Most communication between Field and Planning OSC will be handled with electronic communication and cell phone
Planning OSC	Laptop, satellite phone, cell phone support, internet connectivity	Office area with room for 4-6 people. Room for maps, white boards, and flip charts required.	RESL needs to be co-located with Planning OSC and will be the primary contact with the Planning Section along with lead Safety Officer
Strategic OSC	Laptop, satellite phone, cell phone support, internet connectivity	TBD	Will serve as backup OSC as needed

Position	Technology Needs	Work Space Description	Comments
Night OSC	Laptop, satellite phone, cell phone support, internet connectivity	TBD	Day sleeping area required
OPBD	Laptop, satellite phone, cell phone support, internet connectivity	Onsite, typically on assigned Branch	
STPS	Laptop, satellite phone, cell phone support, internet connectivity	Remote on incident	
AOBD	Laptop, satellite phone, cell phone support, internet connectivity	Onsite	Will be co-located in war room configuration; will need multiple helibase trailers to maintain social distancing
ATGS	Laptop, satellite phone, cell phone support, internet connectivity	Remote (Airport)	
ASGS	Laptop, satellite phone, cell phone support, internet connectivity	Onsite	Will be co-located in war room configuration
DIVS	Laptop, satellite phone, cell phone support, internet connectivity	Onsite, (preferably on Division)	

3. Operating Guidelines and Mitigation Measures

- Cell phone and internet connectivity is needed to support virtual briefings, share intelligence, and complete required documents such as CTRs, ICS-214s, etc.
- Increased reliance on drones for mapping, infrared detection and firing operations.
- Increased reliance on Collector, Suvey123 and ArcGIS.
- Increased numbers of portable toilets and hand wash stations located in Divisions to facilitate social distancing.
- Increased reliance on Supply Unit to bring needed items to the line and leave them at designated drop points.
- Social distancing between resources inside of a Division on the ground as well as social distancing of all resources in a Division from other Divisions. Use of spike camps/hotels to house all division resources.
- Use of radio and/or virtual briefings will be used to minimize ICP gatherings.
- Resources will use technology to limit interaction with ICP. As required, utilization of drop points for logistical support will take place.

4. Other Considerations

- Be prepared to be self-sufficient for at least three days.
- Face coverings, gloves and other infectious disease PPE may be required when social distancing separation cannot be obtained. If possible, bring your own with you.
- Follow direction from SOF and MEDL to ensure daily fit for duty checks: “Am I Fit?” (Appendix E).

G. Logistics Section

1. Work Location

This table indicates only the initially rostered positions. See Appendix A for additional positions.

Position	# People	Work location
LSC	1	Onsite; ICP
LSC(Deputy)	1	Onsite; ICP
FACL	1	Onsite; ICP
BCMG	1	Onsite; ICP
SECM	1	Onsite; ICP
GSUL	1	Onsite; ICP/Staging Area
EQPM	1	Onsite; ICP ICP/Staging Area
FDUL	1	Onsite; ICP ICP/Caterer Location
SPUL	1	Onsite; ICP
RCDM	1	Onsite; ICP
ORDM	1	Onsite; ICP/Remote
ITSS	1	(Noted under Planning Section; some IMTs place ITSS with Logistics Section.)
COML	1	Onsite; ICP
COMT	1	Onsite; ICP

2. Logistical and Technical Support Needs

This table represents the technology needs only for the initially rostered positions, additional technology needs will be required for each additional resource ordered to meet the support needs of the incident. (See Appendix A for additional positions.)

Position	Technology Needs	Work Space Description	Comments
LSC	Laptop (1) Printer (1) Cell Phone (1) AV Capability	Located with LSC deputy	Cell phone with data plan or hot spot Printer with wireless printing capability AV needed for section meetings with remote Bases
LSC (deputy)	Laptop (1) Cell Phone (1) AV Capability	Located with LSC	Cell phone with data plan or hot spot AV needed for section meetings with remote Bases
FACL	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV Capability	Located with BCMG	Cell phone and tablet with data plan or hot spot – needed for paperwork with contractors in remote areas Printer with wireless printing capability AV needed for section meetings with remote Bases
BCMG	Laptop (1) Cell Phone (1) Tablet (1) AV Capability	Located with FACL	Cell phone and tablet with data plan or hot spot – needed for paperwork with contractors in remote areas AV needed for section meetings with remote Bases

Position	Technology Needs	Work Space Description	Comments
SECM	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located at ICP entrance	Cell phone and tablet with data plan or hot spot—needed for paperwork Printer with wireless printing capability AV needed for section meetings with remote camps
GSUL	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located with EQPM	Cell phone and tablet with data plan or hot spot—needed for paperwork with contractors in remote areas Printer with wireless printing capability AV needed for section meetings with remote camps
EQPM	Laptop (1) Cell Phone (1) Tablet (1) AV capability	Located with GSUL	Cell phone and tablet with data plan or hot spot—needed for paperwork with contractors in remote areas AV needed for section meetings with remote camps
FDUL	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located with FACL	Cell phone and tablet with data plan or hot spot needed for paperwork with contractors Printer with wireless printing capability AV needed for section meetings with remote camps
SPUL	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located with RDCM	Cell phone and tablet with data plan or hot spot needed for paperwork Printer with wireless printing capability AV needed for section meetings with remote camps
RCDM	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located separately	Cell phone and tablet with data plan or hot spot needed for paperwork Printer with wireless printing capability AV needed for section meetings with remote camps
ORDM	Laptop (1) Printer (1) Cell Phone (1) AV capability	Located with SPUL / possibly remote	Cell phone with data plan or hot spot—needed for paperwork Printer with wireless printing capability AV needed for section meetings with remote camps
ITSS	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located separately	Cell phone and tablet with data plan or hot spot needed for paperwork Printer with wireless printing capability AV needed for section meetings with remote camps
COML	Laptop (1) Printer (1) Cell Phone (1) Tablet (1) AV capability	Located with COMT	Cell phone and tablet with data plan or hot spot needed for paperwork Printer with wireless printing capability AV needed for section meetings with remote camps
COMT	Laptop (1) Printer (1)	Located with COML	Cell phone and tablet with data plan or hot spot needed for paperwork

Position	Technology Needs	Work Space Description	Comments
	Cell Phone (1) Tablet (1) AV capability		Printer with wireless printing capability AV needed for section meetings with remote camps

3. Operating Guidelines and Mitigation Measures

Common to all Logistics Units

- Increase number of hot water handwash stations.
- Access to electronic forms in fillable .pdf format with electronic signatures available.
- Access for all assigned resources to internet for briefings and digital forms.
- iPad/tablet access (with data plans) for completion and submission of electronic forms.
- Access to individual laptops for all personnel to avoid shared work spaces.
- Access to networked/wireless printers within each unit/workspace.

Facilities

- Implement standard guidance and procedures for cleaning yurts and work spaces.
- Order additional camp crews for ICP construction and maintenance.
- Order commercial cleaning contractors for yurts and work spaces.

Ground Support

- Order additional mechanics if needed to assist with repairs. Multiple mechanics may be needed due to distances between Incident Bases.
- Order additional fuel trucks if needed to support multiple Incident Bases.
- Increase size of area needed for the Ground Support Unit to spread out unit needs. Larger parking area is needed due to anticipated increase in rental vehicles needed by resources to adhere to social distancing.
- All vehicles staged in ground support will be disinfected accordance with CDC guidelines (see Appendix J). <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>
- Order additional personnel or a contractor in the Ground Support Unit to clean to clean and sanitize vehicle interiors.
- Order required supplies needed for vehicles for cleaning/disinfecting vehicles.
- Increase space needed for ground support, such as a large shop or warehouse in order to facilitate social distancing of 6' apart.
- Sharing of vehicles is highly discouraged due to cross-contamination. A deep/disinfecting cleaning would be required between drivers if sharing a vehicle was unavoidable.
- Each vehicle should be equipped with "COVID KIT" to include hand sanitizer, bottle(s) of water, N95 masks or cloth face coverings (one per seat), gloves and safety glasses.
- A vehicle is recommended to be issued to each single resource mobilized.
- Road closure: consider concrete barriers for roads not used for the incident or lock gates to limit access. This will reduce the need for security personnel at road closures.

- Drivers will be assigned specific locations that they will travel to for the duration of their assignment. For example, Driver Smith goes to town to pick up local purchases and back to the Supply Unit only, and Driver Adams only deliveries to DIV A.

Communications Unit

- Order disinfectant for radios per NIFC guidance (see Appendix I).
- Order additional radios to reduce the need for radio sharing.
- COMTs would operate primarily out of their vehicle or a designated workspace with the Communications Unit.
- Printers at the Incident Bases for daily hard copies of ICS-205.

Security

- Security Unit personnel will maintain social distancing guidance of 6 feet. Security Unit personnel should carry the appropriate PPE and be prepared to implement for close contact, or hands-on situations.

Supply Unit

- Order additional RCDMs for receiving and responding to electronically submitted orders (i.e. receiving and sending email). On most incidents the need will be for three or more RCDMs, if no camp crews are available.
- Order a minimum of two ORDMs to handle extra workload associated with working virtual and increasing complexity of electronic orders.
- If ORDM is remote or virtual, provide support for technical issues and purchase of supplies when needed.
- Implement mitigations for handling of possibly contaminated clothing or equipment.
- Isolate and contain all potentially contaminated items. Determine which items are the individual's personal items versus incident-issued and separate accordingly. Collection of these items should be performed with the personnel wearing and trained on the appropriate PPE. Place the items in bags, either brown paper or biohazard (plastic is not recommended) and tag the bags with information that they have been exposed to an infectious disease. States have different laws for transporting 'bio-hazard' bags. It is best to just wash clothing and decontaminate hard items, like tools, with appropriate wipes or solution.
- Implement strict procedures for ordering so the Supply Unit has adequate time to prepare and limit exposure. Orders submitted before 1000 hours would have the expectation to be filled and waiting for pickup by 0700 hours the next day. This schedule would eliminate people standing in line at peak times to submit and have orders filled immediately.
- Review the fireline order form and process with the Communications Unit to ensure smooth and quick transfer of line orders.
- Communicate with the DIVSs the process for line orders and be sure they understand the process and the necessary timelines for receiving orders.
- Work with the cache to secure Individual Infectious Disease Barrier Kit (NFES 1660) and Multi-Person Infectious Disease Barrier Kit (NFES 1675) from the cache as well as nitrile gloves, N95 masks, face shields, safety glasses, goggles, surgical gowns (or alternative), cloth face coverings, disinfecting wipes and personal hand sanitizers.

- Work with the cache to establish “turn back standards” for all items going back to the cache as either RFI or for refurbish to establish timelines needed for items to sit prior to the cache working on them.
- Consider ordering a Demobilization Specialist early in the incident to help begin the planning process for items going back to the cache both prior to and at the final incident demobilization.
- Resources coming into the incident as self-sufficient will advise the Supply Unit (through check-in) their expected utilization rates for MREs, batteries, water and sports drink per day and how often they will need restocked (e.g. 3 days, 5 days, end of assignment etc.)
- Nomex exchange yurt will be located at edge of the Supply Unit closest to the shower unit when possible. All Nomex being turned in will be pre-bagged in clear trash bag, one item per bag, and placed in an identified container at Nomex exchange yurt. Supply Unit personnel will issue replacement items across double tables.
- Non-supply Unit personnel will not be allowed inside the supply area and will designate to the Supply Unit personnel the size of garment needed. People in line to exchange clothes will be expected to maintain proper COVID-19 spacing.
- Special item/need orders should be turned in as soon as possible (this is especially important for items such as jet boil fuel cells, etc.). No guidance has yet been given, but items will be purchased based on IBA and hiring unit guidelines.
- Saw part orders should be placed as soon as possible (need division or higher signature). If crews would let the Supply Unit know at check in what saw models and bar/chain lengths they use, all efforts will be made to have restock available by demobilization. Note: all non-wear parts will still need Comp/Claims endorsement and exchange bars will be required for new ones and or supply numbers.
- Identified processes and procedures would need to stay in the IAP for placing orders and receiving supplies, including lists of email address for the Supply Unit (supply orders) and Ordering Unit (personnel, equipment, etc.). All assigned resource should consistently follow this and not attempt a work around.

Food Unit

- As the final guidance and 2020 contracts have not been awarded, there are still unknowns about challenges.
- Access to USFS Contracting Officer for questions and challenges that arise throughout an incident in relation to food services.
- Cooperation of the FDUL with the catering staff will be vital as the new food requirements will challenge some caterers and their staff.

4. Other Considerations

Communications Unit

- The Communications Unit will be kept as isolated as possible, no visitors will be allowed.
- Line orders will become more frequent. Line order forms should be available in the Communications Unit for the RADOs. The process of order tracking and routing should be exercised soon after the section is set up and running to ensure smooth and quick transfer of line orders.
- COML would primarily be at ICP in the event of an IWI or a system failure.

Security

- Camps and Incident Bases will work on a “closed campus” principle. The Security Unit will be set up near the entrance to locations to ensure that only authorized personnel are able to enter the area.

Supply Unit

- More guidance/specifics are needed on contractor support on incidents.

Food Unit

- Food service will look very different from the past. There will be no dining tent or eating area. All meals will follow the COVID-19 Food Service Options guidance (see Appendix H). Hot meals (both in ICP and spike camps) will be served in pre-packaged “to-go” containers; there will be no hot cans used this season. In addition, there will be no communal drink access, no 24-hour drink trailer, and no self-service coffee kits at any location. MREs and sack lunches will be used extensively in the early parts of most incidents.
- Orders for camp supplements such as coffee, tea, cocoa, fresh fruit, power bars, etc. should be placed through the Food Unit Leader and deliveries will be arranged by the Ground Support Unit.

H. Planning Section

1. Work Location

The Planning Section will have personnel at a combination of sites including onsite, remote, and virtual. This section should be considered dynamic and structured for each incident based on location, connectivity, specific fire needs, and personnel available. Resources working onsite will take extra precautions to ensure the safety of the section. Resources working remotely and virtually will be included in daily updates, section briefings, and interactions with the section. These resources are as critical as those onsite and will be included in all decisions as real-time as possible. Position trainees may be ordered when the assignment is expected to provide beneficial training experiences; the trainee should co-locate with his/her trainer (onsite or remote) except in rare instances.

The table below does not specifically represent any of the individual teams since the configuration of each Planning Section varies with how the team distributed rostered positions. For example, one team might roster two RESLs and a SCKN; another team might roster three RESL. So the “rostered” positions below are approximate and includes positions from a “standing” preorder. Similar positions may be included in Appendix A.

Position	# People	Work location
PSC (1 or 2)	1	Onsite
PSC (1 or 2)	1	Remote
SITL	1	Onsite or remote
GISS	1	Onsite
GISS	1-2	Remote or virtual (based on connectivity and fire location)
FBAN	1	Onsite or remote
IMET	1	Onsite, remote or virtual depending on incident circumstances

Position	# People	Work location
ARA	1-2	Remote
RESL	1-2	Onsite, often with Planning OSC
RESL	1-2	Remote
SCKN	1	Onsite
SCKN	1	Remote
DMOB	1	Onsite or remote; co-locate with a SCKN
DOCL	1	Onsite, remote, or virtual depending on incident circumstances
ITSS	1	Onsite and remote (note: some IMTs place ITSS in the Logistics Section)
TNSP	1	Remote or virtual
FOBS	Up to 4	Onsite (preorder standard rather than "rostered")
All (t)s	1-3	Onsite or remote, with trainer

2. Logistical and Technical Support Needs

All resources in the Planning Section will need the ability to print documents. The process will depend on available resources (e.g. clerical services, individual work stations). GISS personnel can print remotely to a plotter located onsite or remote with good connectivity. QR codes may be utilized for both IAP production and map production to facilitate digital dissemination of products as well.

All PSCs and Unit Leaders will need access to e-ISuite.

Again, the table below does not specifically represent any of the individual teams since the configuration of each Planning Section varies with how the team distributed rostered positions.

Position	Technology Needs	Work Space Description	Comments
PSCs	Laptop with internet, printer, Adobe Pro DC for conversion of files to form-fillable PDF	Desk area with space for document gathering	Whether working onsite, remote, or virtual, work needs are similar. Good connectivity for meeting management and contact with the rest of the section is a priority.
SITL	Laptop with internet, an additional monitor, color printer (11x17), and plotter	Desk area with space for rolling maps and displaying information	Depending on the location and connectivity, the SITL may be printing maps uploaded to the FTP site from the GISS. Clerical Support Services may be used for printing/plotting.
GISS	Laptop with ArcGIS and AGOL access, internet, additional monitor	General office-style workspace with an extra monitor for map production	GISS will be a critical portion of a COVID-19 assignment. The ability to upload to an FTP site will allow field resources quick access to the most up-to-date map products. The use of Collector, Survey123 and Avenza/PDF Maps and coordination with the Operations Section will be important for data collection and validation. Some incidents may require GISS to be remotely located, maybe only for the first few days and then back to virtual.
FBAN	Laptop with internet	General office-style workspace	The FBAN will work closely with the IMET to ensure real-time information is being shared.

Position	Technology Needs	Work Space Description	Comments
IMET	Laptop with internet	General office-style workspace	The IMET will verify field data with the FBAN and with lookouts and field weather observers.
ARA	Laptop with internet	General office-style workspace	ARAs will work closely with PIOs, LOFRs, and Agency Administrators.
FOBS	Laptop, tablet, or smartphone with connectivity for AGOL and Survey123	Vehicle with connectivity	FOBS will not be able to work remotely, they must be onsite to facilitate their work.
RESL	Laptop, additional monitor, internet, printer	General office-style workspace	The onsite RESL will coordinate closely with Planning OSC for production of the IAP. Will need access to GISS or Clerical Support Services plotter
SCKN	Laptop, additional monitor, internet, printer	General office-style workspace	The onsite SCKN will handle normal check-in duties and in-person interactions. The remote SCKN will work near the Finance Section to assist with inputting data into e-ISuite and maintaining online data entry through FireNet365.
DMOB	Laptop, additional monitor, internet, Logistics radio	General office-style workspace	DMOB will work with SCKNs and RESLs to coordinate moving resources through DMOB.
DOCL	Laptop, printer/scanner/copier, additional monitor, internet	General office-style workspace	All sections are expected to save documents digitally as often as they can. For that media in print form, the DOCL will be in the area to create the documentation package. Whenever possible, the home unit should be encouraged to accept digital documentation packages.
TNSP	Laptop, printer, scanner	General office space	As needed, a TNSP will be available for virtual or remote meetings with trainees
All (t)s	Same as trainer	Same as trainer	

3. Operating Guidelines and Mitigation Measures

Resource Unit

- A combination of e-ISuite, MS Word forms, and FireNet Teams will be used to develop and edit much of the IAP to limit contact with paperwork between team members.
- Sections will submit their IAP parts by uploading them to the incident's FireNet Teams environment.
- Draft IAP will be compiled and shared with the PSC and IC in a manner most conducive to timeliness and accuracy.
- IAP will be distributed in a mix of electronic and hard copy versions as determined appropriate by C&G and following national guidelines for electronic frequency distribution.
- Coordination with Planning OSC will be done using MS Forms, phone calls, and web-conferencing as necessary; face-to-face communication will be done as needed.

- Accomplishing the tactics meeting with a mix of onsite, remote, and virtual individuals will require additional audio-visual technology such as a projector, large monitor, or both. Suggest tactical planning meeting is held in war room with only essential personnel: RESL, Planning OSC, Safety Officer, and MEDL. Personnel will be scheduled to rotate and review to minimize exposure. This option will be accomplished utilizing wall ICS-204. Alternative methods might include a variety of audio visual technology, FaceTime, Zoom, or Microsoft Teams video calls.
- All files will be deposited in DOCL digital folders established for the incident in the incident drive.

Check-in

- An electronic, self-service form tied to the incident’s FireNet Teams account is recommended; forms may be accessed through a QR code and a link will be provided on resource orders for incoming resources.
- Whenever possible, an email address will be collected for incoming resources to be able to share information digitally as needed.
- Form populates a Word form or Excel spreadsheet that can then be auto-transferred or manually entered into e-ISuite.
- The form or spreadsheet will be housed on the incident’s FireNet Teams account where it can be accessed by the Time and Demobilization Units.
- Tracking resources will be via e-ISuite or alternative database or spreadsheet tracking platforms that can produce reports as needed or requested.
- Working with SITL and other units needing information regarding resources on scene will be coordinated electronically as much as reasonable.
- All files will be deposited in DOCL digital folders established for the incident in the incident’s FireNet Teams account.

Demobilization Unit

- Demobilization reports will be generated by the DMOB.
- Reports will be distributed and/or published digitally and in the IAP.
- When a resource comes to the self-service demobilization station or contacts DMOB, they will be given a list of units they need to visit to complete check out.
- Upon completion of check out, the resource confirms travel plans with DMOB.
- When the above process is complete, the DMOB enters itinerary into e-ISuite; generates required report and sends to Expanded Dispatch.

Documentation Unit

- A FireNet Teams account for the incident will be established and each section will have access to submit files to the DOCL.
- Information submitted to the DOCL will go into a generic folder until the DOCL can then file appropriately.
- Sections are encouraged to submit documentation electronically whenever possible.
- Utilize a remote location for delivery of paper records and files to minimize excess personnel within the workspace.

- Create a system to rotate paper files being delivered and a holding area for incoming files to allow CDC guidelines to be followed; for instance: daily files could be held for 24 hours in a designated location prior to delivery to the DOCL.
- Contingency plans in the event of technology failure need to be in place.
- Guidance to all personnel will be provided that describes digital file naming and record keeping.
- The use of electronic forms is encouraged for map requests and map updates.
- External battery devices may be necessary to supplement operation of devices (e.g. copiers) should power disruptions occur.
- Digital formats for IAP may be delivered to devices using links or QR codes. When this is done, the IAP may be reduced to critical information for line personnel.
- To minimize the transfer of potentially contaminated paper materials, each Section or Unit that receives or generates paper documentation should be outfitted with a dedicated scanner where the number of individuals using each scanner could be minimized and files can be transferred to other Sections or Units.

Situation Unit

- ICS-209 inputs delivered to SITL by 1500 hours. Inputs could be emailed, texted, called in, or shared via Team OneDrive. IC review of draft ICS-209 could be accomplished in the same way (email/OneDrive). IC can digitally sign PDF ICS-209 for submittal and filing.
- ICS-209s could be either emailed to FireNet accounts or utilize shared Team OneDrive to C&G. PSC/DOCL could print hardcopy for the documentation package or utilize electronic documentation box for record keeping.
- Team plotter comes with the Planning Section trailer. Will need ITSS for setup and technical support in remote or onsite locations. Setting up a location in hotel/school/community center where there would not be high traffic would be important.
- In remote or onsite location, we would place a high value on a printing service to keep all printing confined to one location and relieving GISS and Documentation Unit printing.
- Need supplies to deal with disinfecting tablets when assigning and returning tablets.
- Preference would be to move away from paper map products to the extent possible. If there's a need for hanging maps, recommend printing service for distribution. Also recommend projector (Bluetooth capable) for meetings or distribution of .pdfs to cooperators. Bring white board for notes about maps to draw on while projecting. Community markers and other writing or transcribing materials should be discouraged, and individual supplies issued to reduce indirect contact between personnel. May need multiple projectors spread out among the IMT for meetings in different locations. Add two projectors to the pre-order.
- Provide virtual tutorials and .pdfs with instructions on basic functionality of AGOL, Survey123, and Avenza to alleviate need for hands-on physical assistance with phones and tablets as well as helping field-going personnel transition away from paper products and get more comfortable with digital forms of fire monitoring and data collection.
- The SITL will work closely with operations personnel and coordinate the updates for the GISS.
- The SITL or designated GISS will manage maps during virtual meetings.

GISS

- GISS can utilize ZOOM, Teams, and other virtual meeting spaces to coordinate activities and discuss map products.

- Map requests will be submitted online via electronic form.
- GISS need to have a good file sharing structure for remote and virtual work to keep up with data flows and ever moving incident changes. Use of the NIFC FTP site will be the main way to do this. Data sharing among GISSs may utilize FireNet Environment (Teams, Planner, etc.).
- Maps will be disseminated wherever possible via QR codes; hardcopies of maps will be limited to essential needs.
- Maps can be plotted via routers and with the coordination of the SITL or Clerical Support Service onsite.
- A NAS (SNAP-server) should be available for GISS onsite.
- Virtual GISSs can deal with any necessary VPN downloads and share on FTP to keep the remote/onsite GISSs from having to slow down their network with a VPN connection at the local fire location (hotel etc.). If virtual GISS is at FS/BLM office, VPN will not be needed and a quick transmission of data should be possible through the FTP site.

FBAN

- The FBAN will work closely with the IMET to ensure critical weather is being transmitted by radio to the line.
- The FBAN needs to be self-sufficient for field travel and coordination with operational resources.

IMET

- Online submission forms for fire weather observations should be created for field resources to relay real-time data to IMET.
- A virtual IMET may be feasible but for safety to be a top priority, having the IMET onsite or remote is a better option.

TNSP

- The need for a Training Specialist will be determined by each specific assignment.
- Remote/virtual meetings can be scheduled ahead of time with each resource.
- Emailing of documents is the preferred method of sharing/reviewing.
- For trainees being ordered, a note to send a digital copy of their Performance Taskbook to the TNSP prior to the assignment should be on the resource order.

ARA

- Air Resource Advisors (ARAs) will work closely with PIOs, LOFRs, and Agency Administrators to provide regular bulletins on observed and forecast smoke conditions, with emphasis on conditions in areas with vulnerable populations.
- ARAs should expect an increased need for information formatted for public distribution.

FOBS

- Assess need and ability to follow CDC Guidelines prior to resource request.
- The FOBS may need to be self-sufficient for several days.
- Coordinate fireline activities with coupled FOBS.
- Online submission of incident status information using mobile data collection applications.
- Virtual working is not applicable to this resource.

4. Other Considerations

- Acceptance and widespread use of mobile mapping products (AGOL, Collector, Survey123) will be essential, however there will be a learning curve for many incident responders.
- May need two GISSs to work on and maintain those services.
- Internet and power are two of the biggest obstacles for GIS. It will be absolutely necessary to have good internet to keep up with communication, as well as map production and distribution.
- Operational Period Briefings may use a combination of radio briefings and small (socially distanced) in-person briefings.
- SITL/GISS are very used to providing a high volume of paper maps, from 8x11 & 11x17 handouts to stapled stacks of IAP map books to large briefing maps, wall maps for each section (for SA) and larger field maps for Operations Section personnel to talk over and draw on. Those numbers will be reduced significantly and replaced with digital maps, but there will likely still be a need for certain people to have hardcopy paper maps to do their jobs effectively.
- Managing data quality from a remote/virtual position for GISS will be much tougher. There is usually lots of interaction with OSC/FOBS/READs that will have to be done in a remote manner now. Details could be missed.
- Approval workflow still considered the best method for data collection and quality control, but confirmation with SITL will be more difficult if not impossible at times.
- Resources working remotely and virtually have a big risk of being unintentionally kept out of updates. Daily meetings for the Planning Section will be conducted via a digital platform as well as various unit updates throughout the day. It is highly encouraged that the PSC check in with each individual daily.
- Regardless of other cleaning, personnel should clean work spaces before beginning their shift and at the conclusion of their shift if that space is shared by others. Items with porous surfaces should be eliminated as much as possible.
- If personnel become ill with signs or symptoms of COVID-19, that individual will isolate and contact the medical section as soon as possible for treatment/recommendations. Contact tracing will become important at that time. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

I. Finance Section

1. Work Location

True incident operating guidelines and protocols for Finance Section operations can only be finalized on an actual assignment. It appears that the most effective approach for the Finance operation would be to work remotely at a location within commuting distance (less than one hour's drive) from the ICP. Section staffing changes and availability may allow for virtual assignments on a case-by-case basis. Finance personnel working remotely should be able to make periodic visits to the onsite ICP. The specific challenges of the different positions will be addressed below. Finance Section personnel working remotely within commuting distance of the ICP allows for a more cohesive Finance Section, ability to utilize the same database and peripheral equipment, and reduces potential for unnecessary e-ISuite issues, while greatly reducing the need for physical contact between Finance and incident personnel.

Assignment of trainees may be determined by individual incident circumstances. Our goal is to make sure that all trainees have quality, successful assignments.

This table includes rostered positions and additional positions typically assigned to the Finance Section. Each IMT will determine the appropriate Finance Section organization and work environment for a specific assignment. Additional positions that may be needed are also listed in Appendix A.

Position	# People	Work location
FSC	1-2	Remote
COMP	1	Remote
COST	1	Remote or virtual
TIME	1-2	Remote
PROC	1-2	Remote
PTRC	2-3	Remote
EQTR	2-3	Remote
ICPI	1	Onsite or remote

2. Logistical and Technical Support Needs

The routine activities of a Finance Section dictate the need for common accessibility to the e-ISuite database. The Site version of e-ISuite currently meets that need, but a system update, expected in June 2020, may make the Enterprise version more robust and available for virtual use. The circumstances of each incident may determine which of the current e-ISuite versions will be most effective. Access to the Enterprise version requires current NAP access, which may be an issue for some personnel.

It is recommended that all FSCs and Finance Unit Leaders have active FireNet accounts for electronic document access, handling and filing.

Each unit within the Section would benefit from all-in-one printers (printer/copier/scanner) shared by no more than 2-3 people to reduce need to sanitize between users. All Section personnel will need sufficient area to accommodate work space, computers and printers, and comply with social distancing guidelines.

Position	Technology Needs	Work Space Description	Comments
FSCs	Laptop, printer, copier, scanner, cell phone, FireNet account	1 table per person 1-2 chairs per person	1-3 FSCs may be assigned, including trainees.
COMP	Laptop, printer, copier, scanner, cell phone, FireNet account	1 table per person 1-2 chairs per person	Position has often been collocated with Medical, but this may not be feasible in COVID-19 circumstances.
COST	Laptop, printer, copier, scanner, cell phone, FireNet account	1 table per person 1-2 chairs per person	May be assigned virtually if e-ISuite accessibility is sufficient.
TIMES	Laptop, printer, copier, scanner, cell phone, FireNet account	1 table per person 1-2 chairs per person With PTRCs	1-3 TIMEs may be assigned, including trainees.

Position	Technology Needs	Work Space Description	Comments
PROCs	Laptop, printer, copier, scanner, cell phone, FireNet account	1 table per person 1-2 chairs per person With EQTRs	1-2 PROCs may be assigned, including trainees.
PTRCs	Laptop, printer, copier, scanner, cell phone	1 table per person 1-2 chairs per person With TIME	1-3 PTRCs may be assigned, including trainees.
EQTRs	Laptop, printer, copier, scanner, cell phone	1 table per person 1-2 chairs per person With PROC	1-3 EQTRs may be assigned, including trainees.
ICPI	Laptop, printer, copier, scanner, cell phone, FireNet account	1 table per person 1-2 chairs per person	May not need permanent working location but access to these tools.

3. Operating Guidelines and Mitigation Measures

All Finance Section personnel should follow social distancing guidelines in Appendix C. Personnel traveling to ICP and participating in face-to-face meetings should maintain face covering and social distancing protocols. Sharing of work tables and operating supplies should be limited.

Electronic fillable versions of standard, commonly used forms will be available for incident resources to use in submitting time (on central server or via QR codes). Completed forms will be forwarded to appropriate incident supervisor for comments and approval then sent to Finance Section for posting. Resources may send cell phone pictures in lieu of electronic forms.

Due to the need for less face-to-face interaction with resources and incident supervisors, it will be challenging to resolve questions and issues with time documents as we have in the past. Cell phone and email contact information should be collected at check-in and used for resolution of issues and questions. Finance will work within the IMT to include information in IAPs, on bulletin boards, emails or other non-traditional avenues of communication to resolve questions and issues.

Finance process for electronic document organization and final package requirements should be clarified with incident agency at beginning of incident. Planning Section guidance regarding digital formats, electronic filing, file naming protocols and record keeping will be followed. Standard fillable forms will be provided centrally for electronic submission of time and other documentation.

Comp/Claims Unit

It is anticipated that the COMP may work remotely but be available to visit the ICP as needed to support incident personnel if needed. Much of the COMP activity and communications have been managed electronically in the past, so there may not be too many changes for this season. The difference may be in working remotely, rather than collocated in the Medical Unit.

Cost Unit

The COST is one Finance position that could operate virtually. However, access to the common e-ISuite database and close coordination and communication with the rest of the Finance Section, as well as other onsite and remote IMT members, would be critical. Virtual assignment for a COST position may require a case-by-case determination to ensure sufficient tools and internet access is available. There may be little value in virtual COST trainee assignments.

Time Unit

CTRs and STs with time for personnel should be submitted electronically to incident supervisors for comments and signatures. Supervisors will submit approved time documentation to Finance electronically.

The potential for “closed camp” designations and questions regarding pay status should be clarified or resolved with incident agency early in the assignment.

Procurement Unit

Procurement contracting personnel should be available remotely to assist Buying Team personnel in negotiating land use agreements (LUA) and other agreements. Additional LUAs may be necessary as operational resources are disbursed into numerous outlying base camps and spike camps, requiring additional documentation for accurate payments. Virtual contracting support would be possible for contracting activities, but the PROC would need to work remotely with other Finance staff to effectively supervise EQTRs.

CTRs and STs with time for equipment should be submitted electronically to incident supervisors for comments and signatures. Supervisors will submit approved time documentation to Finance electronically.

Incident Contract Project Inspector

Although not a separate unit in the Finance organization, the ICPI should work either onsite or remotely to complete required contract inspections and documentation. The responsibilities of this position, while typically occurring for a short period and not continuing through the incident, require close interactions with contractor equipment and operators, so the ICPI should maintain appropriate social distancing and face covering protocols while traveling to multiple base and spike camps.

4. Other Considerations

Be prepared to be self-sufficient for several days, both with work supplies and personal needs. This includes items listed in Appendix D.

Expect COVID-19 screening upon arrival and frequently through the incident. Finance personnel are expected to report any emerging COVID-19 symptoms to supervisor immediately. See Appendix E for “Am I Fit” checklist. Supervisors should assess subordinates’ health daily. Finance personnel should clean workspaces following CDC guidelines at least daily, depending on public interactions.

VI. Appendices

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APPENDIX A - Personnel Needed by Section/Function

The positions identified below are those which are rostered (R) by RMACC, those which are typically included in the preorder (P) or sometimes ordered during the incident (e.g. more DIVS), and those additional positions (A) that will be necessary or desirable to function efficiently in the COVID-19 environment.

Position	R, P, or A	# people	Work location
IC	R	1	ICP
DPIC	R	1	Remote or isolated office at ICP
IC(t)	R	1	ICP
Contingency IC	A	1	Virtual
LOFR	R	1	Onsite
LOFR	R	1-2	Remote
LOFR	A	1	Virtual only if situation warrants.
Lead PIO	R	1	Onsite (ICP)
Deputy PIO	R	1	Onsite, remote
IMT PIO (T)	R	1	Onsite, remote, virtual
Media PIOs	P	1-2	Remote
Community PIOs	P	2+	Remote
Office PIOs	P	3+	Virtual
Planning SOF	R	1	Onsite (ICP)
Field SOF	R	1	Onsite or remote; supervising the SOFs
Line SOFs: SOF2, SOF2t or SOFRs	P	4+ or one per DIV	Onsite or remote; working in Divisions
MEDL Fire	R	1	Onsite, ICP
MEDL COVID-19	A	1	Onsite, ICP
MEDL (t) Fire	R	1	Onsite, ICP
MEDL (t) COVID-19	A	1	Onsite, ICP
EMTF Fire	P	1	Onsite, ICP
EMTF COVID-19	A	2	Onsite, ICP
EMTF	P and A	3-6	Onsite: fireline/ICP/spike or remote ramps
EMPF	P and A	5	Onsite: fireline/ICP/spike or remote camps
Field OSC	R	1	Onsite
Planning OSC	R	1	Onsite or remote
Strategic OSC	R or P	1	TBD, could be remote or onsite
Night OSC	R or P	1	TBD
OPBD	R	2	Onsite
STPS	R	1	Remote
AOBD	R	1	Remote
ATGS	R	1	Remote (Airport)
ASGS	R	1	Onsite
DIVS	R	4	Onsite near respective Divisions
DIVS	P	4-6	Onsite near respective Divisions
PSC (1 or 2)	R	1	Onsite
PSC (1 or 2)	R	1	Remote
SITL	R	1	Onsite or remote
GISS	R	1	Onsite

Position	R, P , or A	# people	Work location
GISS	R	1-2	Remote or virtual (based on connectivity and fire location)
FBAN	R	1	Onsite or remote
IMET	P	1	Onsite, remote or virtual depending on incident circumstances
ARA	P	1-2	remote
ITSS	R	1	Onsite and remote
ITSS	A	1-2	Onsite or remote; Regional Support Group
RESL	R	1-2	Onsite, often with Planning OSC
RESL	R	1-2	Remote
SCKN	R or P	1	Onsite
SCKN	R or P	1	Remote
DMOB	R or P	1	Onsite or remote; co-locate with a SCKN
DOCL	R or P	1	Onsite, remote, or virtual depending on incident circumstances
TNSP	P	1	Remote or virtual
FOBS	P	2-4	Onsite (preorder standard rather than “rostered”)
All (t)s	R or P	1-3	Onsite or remote, with trainer
SCKN	A	1	Onsite
SCKN	A	2	Remote
GISS	P	2	Remote
DOCL or DOCL(t)	A	1	Onsite, to support IMT DOCL working remote
LSC	R	1	Onsite; ICP
LSC(Deputy)	R	1	Onsite; ICP
FACL	R	2-3	Onsite; ICP
BCMG	R	1	Onsite; ICP
BCMG	P and A	4-8	Onsite; one per division to support minimized camps
SECM	R	1	Onsite; ICP
SECM	P	1	Onsite; coordinate Incident Bases security needs
SEC1	P	2	Onsite; ICP
SEC1	A	Various	Onsite; two per Incident Base
SEC2	P and A	Various	Onsite; as needed for road closures or additional security at ICP and Incident Bases
GSUL	R	1	Onsite; ICP/staging area
EQPM	R	1	Onsite; ICP/staging area
FDUL	R	1	Onsite; ICP/Caterer Location
SPUL	R	1	Onsite; ICP
RCDM	R	1	Onsite; ICP
ORDM	R	1	Onsite; ICP/remote
ORDM	A	1	Remote; ICP
ORDM	A	Various	Onsite; one per Incident Base
COML	R	1	Onsite; ICP
COMT	R	1	Onsite; ICP
COMT	P and A	2	Onsite; ICP and Incident Base
INCM	P and A	2	Onsite; ICP Communications Unit
RADO	P and A	4	Onsite; ICP Communications Unit
RADO	P and A	Various	Onsite

Position	R, P , or A	# people	Work location
FACL / LSC3	A	Various	Onsite; one per Incident Base
FACL / LSC3	A	1	Remote; needed for off-site ICP ONLY Hotel liaison/IMT support
EQPM	P and A	Various	Onsite; one per Incident Base
RCDM	P and A	Various	Onsite; one per Incident Base
EDSD	A	2	One onsite, one remote; with ORDMs
Camp Crew	P	Various	Onsite; ICP would need up to three crews: one for sanitization; one for Supply Unit; one for FACL/FDUL (usually on standard preorder)
Camp Crews	A	Various	Onsite; one per Incident Base
DRIV	P and A	Various	Onsite; minimum of two at ICP dedicated per Incident Base
FSC	R and P	1-2	Remote
Comp/Claims	R and P	1	Remote
Cost	R and P	1	Remote
Time	R and P	1-2	Remote
Procurement	R	1-2	Remote
PRTC	R, P, and A	3+	Remote
EQTR	R, P, and A	2+	Remote

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APPENDIX B – Interagency Checklist for Mobilization of Resources in a COVID-19 Environment

The following checklists are designed for interagency mobilization (ordering and/or sending) for severity, pre-position, and fire response resources while working in the COVID-19 environment.

Best Management Practices outlined in current COVID-19 guidance, such as (guidelines for social distancing, disinfecting procedures, facial coverings, remote/small briefings, incident level medical screening plan, lodging and isolation/quarantine plan) should be in place to mitigate COVID-19 for resource mobilization for both sending and receiving units. Any resource deemed to be a high risk, per the CDC guidelines have the option to decline the assignment.

ORDERING UNIT -- Provide the following information in “Special Instructions” in resource order

		Yes	No
1	Confirm Best Management Practices are in place to mitigate COVID-19.		
2	Description of any additional supply/equipment needs (self-sufficient, food, water, extended camping equipment, etc.)		
3	There is a medical plan in place with identified care facilities for COVID- 19 patients.		
4	Describe the level of COVID-19 outbreak in the county where the fire is located from the following website: https://coronavirus.jhu.edu/us-map		

SENDING UNIT – Is the following met?

		Yes	No
1	All individuals filling the order have been screened using the MPHAT Wildland Fire Screening Tool or their employing agency’s equivalent.		
2	The resource is equipped with PPE and supplies required to adhere to COVID-19 mitigation protocols during mobilization and for at least three operational periods.		
3	The resource is prepared to be self-sufficient regarding food and water for at least the first three operational periods if driving.		
4	The resource can meet any additional supply/equipment needs identified in the Special Instructions section of the resource order.		
5	There is an isolation/quarantine plan in place to use upon return to the home unit that can be implemented if deemed necessary.		

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APPENDIX C – IMT Response Social Distancing Guidelines

To best ensure social distancing is maintained:

- Follow CDC guidelines for social distancing, use of PPE, cleaning and disinfecting, and documentation. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>
 - Stay at least 6 feet apart
 - Do not gather in large groups
 - Stay out of crowded and enclosed places
 - Wear a face covering at all times when around other people
- Operational and support resources would be physically separated as much as possible.
- Overhead sections would be separated from the other sections as much as possible.
- In-person gatherings would be limited to 10 people or less (or as otherwise directed by local public health authorities) and only when necessary while wearing appropriate face covering/PPE.
- More vehicles will be used to reduce/eliminate ride sharing.
- Use of electronic forms and documentation will be maximized.
- Use of virtual technology for meetings and briefings will be maximized.
- Communications will take place primarily over the phone, through virtual technology, or via emails.
- Our facilities will have a larger footprint as we spread out services, avoid lines, and limit gatherings.
- Appropriate barriers will be established where regular in-person interaction is required with a wide array of incident personnel, e.g. at the Supply Unit or Communications Unit.

APPENDIX D - Personnel Travel Kit Items

Items to pack in a travel kit (think limited supplies).

- A full kit for your job – USB flash drive, pens, stapler, pads of paper, etc.
- MREs/food (3 day supply).
- Hand sanitizer (homemade recipes are available on the internet).
- Soap (bar or liquid).
- Bottled water or gallon jugs of water (used for washing and drinking) can be refilled as needed.
- Wash basin (collapsible lightweight backpacking type or plastic tub).
- Personal cooler for your food and water (this is to keep from sharing a cooler).
- Individual drinking device (hydro flask, igloo, etc.).
- Cloth face covers (face coverings/bandanas).
- Disposable gloves (nitrile).
- Cloth towel and/or paper towels (for drying hands).
- Toilet Paper.
- Sanitizing wipes (homemade recipes are available on the internet).
- Wet wipes (cleaning only not used for sanitizing).
- Personal thermometer for self-monitoring.
- More clothes than you normally pack so you can wear clean ones every day.

APPENDIX E - “Am I Fit” Checklist

1. Do I have any underlying health or other issues that may place me in a high-risk category?
2. Do I have any symptoms of COVID-19 :
 - a. Cough
 - b. Shortness of breath or difficulty breathing
 - c. Fever
 - d. Chills
 - e. Muscle pain
 - f. Sore throat
 - g. New loss of taste or smell
 - h. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, diarrhea, or unexplained rash.
3. Have I been exposed to anyone that has tested positive for Covid-19 or has exhibited any of the above symptoms?
4. If either 1, 2, or 3 is true, report to your supervisor or contracting officer representative prior to leaving and await their direction. Employees with high-risk exposures to COVID-19 (defined as exposure to a sick household member, intimate partner, or providing care in a household to a person with a confirmed case of Covid-19) may also need to be excluded from work until no longer at risk for becoming infectious to fellow employees or contractors.

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APPENDIX F - Medical Unit Protocols and Tools

APPENDIX F-1. Rocky Mountain IMT COVID-19 Screening Tool

INSTRUCTIONS FOR SCREENING SOMEONE OTHER THAN YOURSELF OR YOUR CREW

- Don full PPE (gown, gloves, N95, safety glasses, face shield)
- If resource is **ASSIGNED** and is positive for any symptoms, have them don a face covering, isolate from everyone, and notify their supervisor and the MEDL immediately.
- In the past 14 days, has the individual had contact with a person known to be infected with the coronavirus (COVID-19)? If the answer is yes, notify the MEDL immediately and have them don a face covering and isolate until MEDL can determine the course of action

Today or in the past 72 hours, have you had any of the following symptoms listed below?

- 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?
- Diarrhea or loose stools?
- Unexplained Rash

Take temperature with touchless thermometer if available*

Take pulse oximeter reading if available*

If an individual presents with any symptoms above, including a temperature greater than 100.4° or pulse oximeter reading of less than 90%, that individual should be requested to step aside and isolate until the MEDL can be contacted to determine the course of action. DO NOT ANNOUNCE findings.

Crew/Engine/Unit Name: _____ E/O #: _____

Name (last and first initial)	Yes	No
(Expand table to include all individuals assigned to this module)		

Supervisor (Print) _____ Signature _____ Date _____

Evaluator (Print) _____ Signature _____ Date _____

APPENDIX F-2. Screening Protocols

Resource Arrival Screening

The purpose of the Resource Arrival Screening is to identify potential symptomatic parties prior to integration into camp and the incident. Upon arrival at the incident (ICP, Incident Base or other established check-in location), resources shall be assessed using the Wildland Fire COVID-19 Screening Tool.

Due to the complexities of screening, namely the nuances of thermometers (time between reading and cleaning), all crews and personnel that arrive at the incident and have their own means will complete the COVID-19 screening tool within one hour prior to arrival. On arrival they submit their completed screening tool to the appropriate check-in person. In addition to time saved, this will help ensure that crews and personnel remain socially distanced and limit time in the check in area.

Any personnel or crew that arrives and does not have the ability to complete their own screening will have to be put through the screening process on arrival. These personnel must maintain social distancing until they can be screened by medical personnel and checked-in to the incident.

If during the Resource Arrival Screening process, a resource is identified as having potential COVID-19 symptoms, that person and anyone he/she has been in immediate contact with will don face coverings and immediately isolate. Following isolation, the MEDL will be contacted and determine the best course of action.

IA resources should follow local direction. However, they must be screened as soon as possible.

Many resources will not report to the ICP for check-in and instead report directly to a staging area or division work area. In this case, the pre-screening of resources may be a challenge and resources should be encouraged to screen themselves to the extent possible. These resources should follow the social distancing and safe working guidelines established by the IMT, local/regional forest, or local agency the IMT is working with.

There is a very clear understanding that the safety of our personnel comes first. However, in some cases social distancing and PPE use may not be feasible for the operations being conducted. During these times personnel should look for alternate ways to protect themselves against potential exposures and spread of the virus and do their best to keep track of who they came in contact with should contact tracing be needed later on. Once adequate medical personnel arrive at the incident, a baseline screening of these resources should be conducted as soon as possible.

Pre-Shift Daily Screening - Line

The goal is to have all personnel assigned to the incident complete the COVID-19 Screening Tool every day, prior to shift.

All crews and personnel with the ability screen themselves using the COVID-19 Screening Tool will do so prior to shift. All results will be reported to supervisors and, ultimately, to the MEDL.

Any positive screen will immediately be isolated and placed in a face covering. The MEDL will be contacted, and a course of action will be determined (i.e. demobilization, testing, treatment, etc.)

Any crews or personnel without the ability to complete the COVID-19 Screening Tool will have to go to a designated testing location to have the screening completed for them. Potentially, a designated engine/crew EMT/Medic or other personnel may complete this screening.

Once complete, the Medical Unit shall be notified that the screening has been completed and the results. This can be done by text, phone, or radio. Note: using the radio is acceptable if batch reporting negative screens, however a positive screen should not be aired so as to maintain patient's privacy. The completed "Covid-19 Screening Tools" should be turned in to the Medical Unit as soon as is reasonable.

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APPENDIX F-3. Daily Symptom Monitoring Log

Name _____ **Daily Symptom Monitoring Tracking Form**

Date/Employee Initials														
AM/PM	AM	PM												
Temperature if above 100°														
Fever?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Cough	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Sore Throat	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Dyspnea Shortness of Breath? Pulse Ox Reading %	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Muscle aches/headache	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Abdominal discomfort	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Vomiting/Diarrhea	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Loss of Sense of Smell/Taste	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Date/Employee Initials														
AM/PM	AM	PM												
Temperature if above 100°														
Fever?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Cough	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Sore Throat	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Dyspnea/ Shortness of Breath? Pulse Ox Reading %	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Muscle aches/headache	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Abdominal discomfort	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Vomiting/Diarrhea	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Loss of Sense of Smell/Taste	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

Fever is indicated if \geq 100 degrees Fahrenheit or 38 degrees Celsius.

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APPENDIX F-4. COVID-19 Related IWI protocols

COVID Related IWI's

If a patient presents outside of the ICP, on the fireline, or in transit to/from ICP to incident with COVID-19 symptoms, an IWI should be established. All patient contacts suspected of COVID-19 due to flu-like symptoms should be considered "Green" patients unless respiratory distress or other medical conditions warrant higher level of triage designation. Initial patient evaluation should be conducted using 6-foot social distancing guidelines with appropriate PPE by line medical staff and patient. Severe medical or respiratory symptoms may require provider-to-patient contact provided appropriate PPE is donned. A more thorough evaluation should be conducted at the Isolation yurt by Isolation Medical Unit staff with appropriate PPE if symptoms allow. Serious or advanced presentations should be transported off the line or from ICP by ambulance directly to a medical facility/hospital.

At the initiation of an IWI, a radio report from line medical staff should state "I have a green medical, Influenza-like illness." "Transport to the Isolation Medical Unit by -----, ETA ----" or "Transport in ALS vehicle requested" and MEDL will coordinate ALS response vehicle (ground or air) to the location. If possible, provide transport to Medical Isolation Unit or hospital via the same vehicle that the patient arrived at the fire/division/assignment in. The patient's supervisor or crew designee should accompany the patient to the ICP or hospital/medical facility. Attending EMT/Paramedic from the line or ICP should follow/escort the patient in a separate vehicle should they feel medically necessary.

If Advanced Life Support measures are necessary, full PPE as described for the Isolation Medical Unit should be required.

If someone becomes ill with COVID-19 symptoms, that person needs to isolate immediately and don a surgical or N95 mask and notify their supervisor and the MEDL. Complete the COVID-19 screening tool. If the screen is positive, begin contact tracing and isolate as many of the people the individual had recent contact with and have them don surgical or N95 masks. All those involved or with contact should be sent to their camp area (assuming the rules have been followed and they are isolated). If their camp is not isolated, have them move to an isolated location that is outside and well ventilated if possible. A closed Yurt is likely not a great place for them. The MEDL should then coordinate a plan of action that could include demob, or, potentially an RT-PCR testing for first responders through local public health or a hospital. Whether it's presumed positive, or if they were tested and the test is positive, they should be sent home via vehicle. If they are a crew, they should all be demobilized and sent home to their home base for convalescence.

If a person is too sick to travel, s/he should be sent to a hospital, or potentially lodged in a hotel that is willing to accept first responders. Demobilization should occur and the home agency then will then be required to support this individual with meals and lodging for the duration of the disease process which could extend over several weeks. The best option, and recommendation from public health, is to convalesce at home.

If the person is on the line and has any kind of true medical emergency (i.e. difficulty breathing or shortness of breath, this will not likely be COVID-19; however, it should just be assumed that the patient has COVID-19 and all PPE recommendations for patient care should be followed.

Almost all Aerosol Generating Procedures (AGPs) should be avoided. No intubation, no nebs, and no CPAP. Recommend using a BLS airway such as a King Tube or LMA and a BVM with a HEPA filter at most. Specifically, a nebulized treatment may be warranted for an allergic reaction, but should be

avoided at all costs, and only if there is no other option. A Metered Dose Inhaler (MDI) is preferred and a nebulized or other aerosolized treatment should only be attempted in a well ventilated or outside setting.

APPENDIX F-5. COVID-19 Testing and Treatment

COVID-19 Testing

Testing availability and time for results to be returned will vary by area and the MEDL should make this determination early so as to aid in the decision-making process before it is needed.

Once the patient(s) has been evaluated and it is confirmed that the patient(s) is a potential COVID-19 case, the MEDL should consult with the C&G and make a determination on demobilization. Ideally, the person, and crew, engine, etc. will be demobilized and sent home immediately. However, if there is a reason that testing and remaining in place would be beneficial, it should be done immediately. Two possible scenarios for this would be 1) a patient with grey area symptoms, or 2) a person who has potentially exposed a lot of personnel. In scenario 1, it may be advantageous to know if they are positive as it will greatly aid the incident in either being able to keep the person/crew (assuming they test negative). In scenario 2, it may be worth testing as it may aid in determining the amount of contact tracing and detrimental impact to the incident that may occur.

Once the decision to test has been made, the MEDL will advise the LPHA and the medical center that will conduct the testing. Until the results of the test have been received, the patient(s) should be isolated in the pre-identified area away from other resources that is safe and secure.

The patient(s) should be taken to a pre-determined location to await the results of their test. Isolation Medical Unit staff will provide medical care if necessary and ongoing support of the patient until either released by Medical Unit staff or returned to home unit. The patient should only be contacted and/or interact with one medical unit person so as to limit exposure and use of PPE. If the patient becomes sick enough, they should be transported by ambulance to an appropriate medical facility.

Ideally, testing of the patient(s) will occur at the isolation location to minimize the exposure of other resources. If off-site testing must be conducted and the patient is not in need of emergent medical treatment, only one person should drive the patient to the medical center for testing. The driver should use all available isolation precautions and PPE while transporting the patient.

Due to the possibility of limited testing supplies available nationwide, if a test cannot be performed with results in a timely manner the patient will be demobilized per team guidelines. The decision to demobilize will be through the Incident Commander or their designee with recommendation from the Safety Officer and the Medical Unit.

COVID-19 Related Treatment

Any patient experiencing flu-like symptoms should be considered COVID-19 positive and remain masked, with a surgical mask, at all times. When a potential COVID-19 case is identified, multiple processes may occur simultaneously. The first and most important step is to isolate the patient(s) away from other resources as soon as possible. The patient(s) should avoid contact with all other personnel and resources until contacted by medical personnel. A surgical mask should be placed on the patient's face prior to evaluation. The MEDL should be advised of all patient(s) showing potential symptoms of COVID-19 as soon as possible and initiate the COVID-19 guidelines.

Any patient that is sick enough to require Advanced Life Support measures will be treated as if they are COVID-19 positive and full PPE, as described for the Isolation Medical Unit, is required. Any aerosolizing procedure is to be avoided with the exception of BLS airway (such as a king tube) and BVMS in only the most extreme circumstances.

Any patient that requires oxygen therapy to maintain saturation levels should be immediately transported by ambulance. If oxygen therapy is needed, cannulas may be used under the mask. If a nonrebreather (NRB) mask is warranted, a surgical mask will be placed over the NRB.

APPENDIX F-6. Contact Tracing Protocols

Contact Tracing

The MEDL should expect, and be prepared to, provide contact tracing without the help of the LPHA. However, if the LPHA is available the MEDL should work closely with LPHA personnel to conduct contact tracing to identify potential exposures to other resources.

If other exposures are identified and are symptomatic, those resources should be isolated, assessed, and treated as per the treatment section.

Per CDC guidelines identifying critical infrastructure, crews, or individuals who may have come into contact with a suspected or confirmed COVID-19 patient may remain engaged in incident operations as long as they are asymptomatic and will be required to wear a surgical mask at all times for 14 days (safety permitting). If available, these personnel could be cleared with an RT-PCR test and return to unrestricted (no mask) duty sooner.

Resources for contact tracing:

<https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

<https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html>

APPENDIX F-7. Demobilization Protocols for COVID-19

Once a resource(s) has been identified as being positive for COVID-19 the process for demobilization must include how to care for personnel safely and reduce exposure to other members of the unit(s). A determination of when and how to demobilize the resource(s) must occur. Multiple circumstances must be considered, including:

- Is the resource(s) local? If not local, how will the resource(s) travel to his/her home unit?
- Is it a single resource or a member of a multi-person resource? If a multi-person resource, does this affect the ability of the overall resource to continue working?
- What is the safest way for the resource(s) to travel to his/her home unit? Can s/he transport themselves, does s/he need a driver, or will s/he need to be treated locally before traveling?

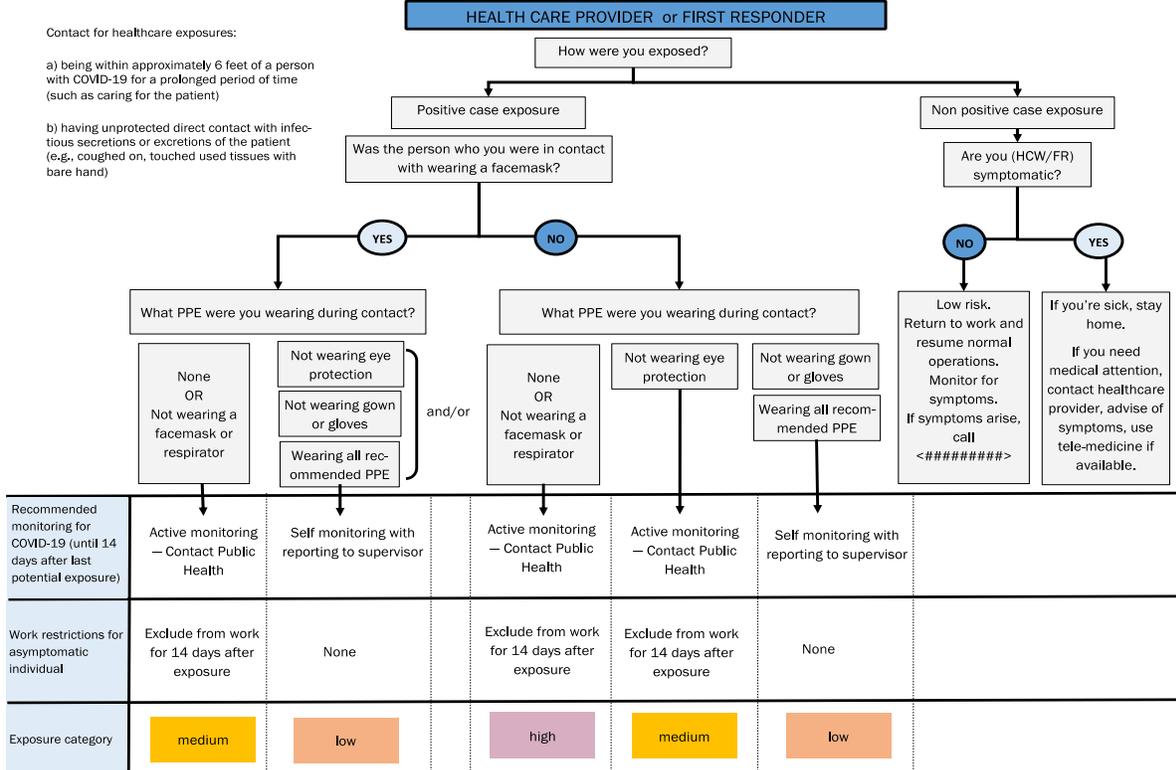
This conversation should be conducted with input from a Safety Officer, MEDL, Comp/Claims Unit, LPHA, the home unit, and the Incident Commander. Once all these questions have been answered and the safest way for the resource(s) to travel to his/her home unit has been decided, the resource(s) should be demobilized and released from the incident. This process should be conducted with the minimal contact as possible to limit/reduce exposure potential.

The general principles of demobilization for a COVID-19 patient are:

- Demobilize and send personnel home as quickly as possible. The CDC and LPHAs recommend convalescence at home; and patients will get sicker over time. Therefore, getting them home as expeditiously as possible is the best course of action.
- Notify home unit of COVID-19 infection; discuss demobilization planning for infected individual.
- The patient will have to travel by car. Therefore, if they are unable to drive themselves, a driver should be assigned with full PPE (minus the face shield as this impairs driving ability), and a large, well ventilated vehicle (for physical distancing) should be utilized.
- Tenets of reduced exposure should be followed: Time (limit exposure) Distance (farther apart is better), and Shielding (use PPE).
- If it is determined that they cannot get to their home unit because they are too sick, or there is no other option, they will need to be transported to a hospital for the duration of their disease process. It is possible that they could be put in a hotel for the duration of the disease process; however, this can take weeks and even months in some cases (possibly lasting longer than the fire itself). Therefore, if either of these options becomes necessary, the home unit should be advised they will need to care for their personnel. The IMT should set up the initial care; however, as soon as possible the IMT should demobilize the patient and the home unit will take over responsibility for their personnel in place.
- Note: A potential solution, if there is no other option, could be a long-distance transfer via ambulance.

APPENDIX F-8. COVID-19 Risk Assessment and Public Health Management Decision Making

Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making 15 MARCH 2020



This is an example from a fire/rescue organization of how to respond to a potential exposure. IMTs should check with the host agency to determine if that agency has a particular flow chart to follow for the incident.

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APPENDIX G - Logistics Section Planning Guide for Incident Command Post (ICP)

Onsite ICP Design

- Need a location for some of Operations and Planning Sections functions at the ICP for the incident (typically Planning Ops, RESL, Air Ops and Safety). This could be housed in a room suitable for 6 or fewer people to practice social distancing (possibly a double yurt).
- Areas for Logistical support units: Facilities, Security, Supply, Ground Support, Food Unit, ITSS, and Communications Unit. Some units would also require a presence at an alternate location near the incident. This area will need to be large to spread out the Supply Unit and Ground Support Unit and would likely be at a school, fairgrounds, large parking lot park, or other large area. Personnel working here would be considered onsite.
- Area for those positions identified in Command Staff, Planning Section, and Finance Section required to work onsite at the ICP.

Options for ICP: Traditional ICP

Pros:

- Flexibility of layout.
- Ability to create additional distance between units.
- Outdoor space to provide small group meetings while maintaining social distancing.
- Large parking lots and grounds would accommodate needs while maximizing social distancing.

Cons:

- Wireless Internet and “hard” internet connecting options would need to be established.
- Reliance on cell phones as primary communication method.
- Cleaning of yurts would be difficult. Would need to consider contracting this service.

Options for ICP: Schools or Hardened Facilities

Schools are a practical option to set up an ICP. Most schools are closed. A deep/disinfecting cleaning would be provided to the facility upon demobilization of the team.

Pros:

- Wireless internet and “hard” internet connecting options.
- Internal phone system for calling room-to-room.
- Multiple room and room size options to maximize social distancing while maximizing productivity.
- Large rooms such as cafeterias, gymnasiums, and theatres would accommodate small to medium size group meetings while maximizing social distancing.
- Outdoor space to provide small group meetings while maintaining social distancing.
- Large parking lots and grounds associated with most schools would accommodate Supply, Medical and Ground Support Units while maximizing social distancing.

Cons:

- Community bathroom facilities require multiple cleaning/disinfecting per day and increase opportunities for cross-contamination.

- No cleaning services provided. Would have to be contracted out.

The layout of ICP would depend much upon what facility was secured. Regardless, social distancing of workspaces and staff would be maximized within available space.

Traditional ICP – 10-15 Acres needed

Suggested minimum ICP setup: workspace max 4-5 people per single yurt, 6-8 people per double yurt. Separate offices are recommended if available.

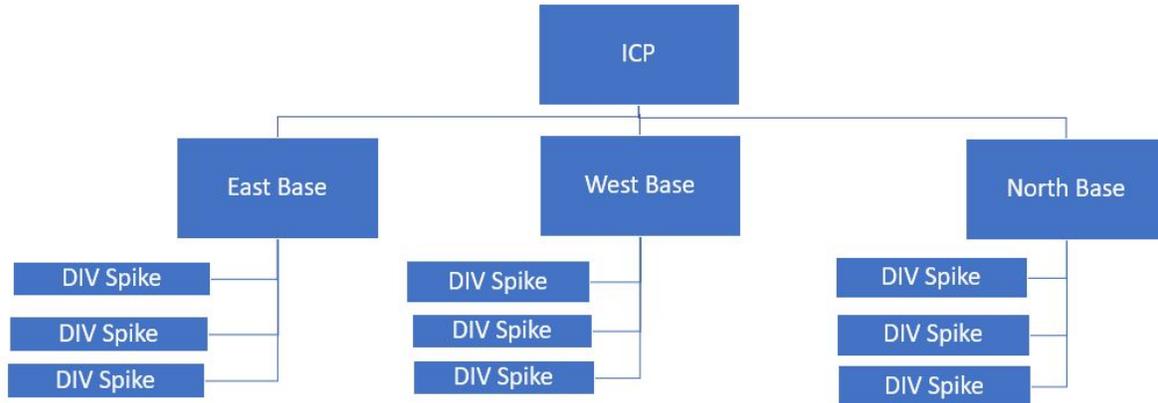
Yurt type	Section	Position
Double Yurt	Meetings; must have AV for remote broadcast of meetings	IC, DPIC, LOFR, PIO
Single Yurt	Command	ICs
Single Yurt	Command	LOFRs
Single Yurt	Command	PIOs
Double Yurt	Operations, Air Operations, Safety	OSC, AOBD, SOFR, RESL, RESL(t)
Single Yurt	Plans	PSCs, DOCL, copier
Single Yurt	Plans	SCKN, DMOB
Single Yurt	Plans	RESLs
Single Yurt	Plans	ITSS
Single Yurt	Plans	ITSS equipment storage
Double Yurt	Plans	SITL, FBAN, IMET, LTAN, SOPL, FOBSs
Double Yurt	Plans	GISSs, plotters, printers
Single Yurt	Finance	FSC
Double Yurt	Finance	TIME, EQTR
Single Yurt	Finance	COMP
Double Yurt	Logistics	INCM, RADOs COML, COMT
Single Yurt	Logistics	Radio equipment cache
Single Yurt	Logistics	SPUL, ORDM (if not remote)
Double Yurt	Logistics	RCDM
Single Yurt	Logistics	Cache storage
Single Yurt	Logistics	Nomex turn-in
Single Yurt	Logistics	GSUL EQPM
Single Yurt	Logistics	Drivers
Single Yurt	Logistics	FACL, BCMG, FDUL
Single Yurt	Logistics	LSC, Deputy LSC
Single Yurt	Logistics	SECM, SEC1, SEC2
Single Yurt	Medical	MEDL operations
Double Yurt	Medical- Must have multiple dividers- Prefer true yurt dividers (not tent fly). Yurt must have dedicated restroom and hot hand wash station fairly close.	Fire medical
Single Yurt	Staging Area	STAM, SCKN
Single Yurt	Logistics	Camp Crew
Single Yurt	Logistics	Camp Crew
Single Yurt	Logistics	Camp Crew

School or Hardened Facility

- Higher foot traffic units such as Logistics (including Communications Unit) and Liaison Officers should be located near entrance.
- Operations, Finance, and Planning Sections should be located centrally in large spaces or multiple connected rooms to maximize social distancing.
- C&G meeting room should be located farthest from the front entrance to minimize exposure.
- Supply and Ground Support Units should be located on school grounds separated significantly by one another.
- Medical Unit should be located in the school nurse's office and adjacent offices; however, school nurse's offices are usually very small. Larger spaces could include larger classroom located away from main traffic areas, science classrooms or office pods that have a central open area typically found in high schools. Isolation areas can be adjacent classrooms

Incident Bases (remote camps): 3-5 acres needed for each location

- In addition to the typical ICP and Staging Areas used on many incidents, there will be smaller Incident Bases established around the incident, with the intention of each base supporting a single or several DIVS. These areas are NOT spike camps, they are logistical hubs to meet the needs of the Division. The intention is to reduce the time needed for support to be delivered and to minimize the need for operational resources to travel back to the ICP.
- These bases are not intended to move and follow the Division. Whereas all of the Operations Section resources will have a higher degree of flexibility and movement by not coming back to an ICP every night, these bases, once established, will not have that same flexibility to move on short notice.
- Division spikes are not to be thought of a "typical" spike camps. There will not be any major logistical support for each spike individually. Spike camps need to be thought of more as dispersed camping. Several individuals from the resources assigned to the Division will make daily runs to the Incident Base to collect needed logistics supplies for the next operational period. If logistics staffing allows, there may be a greater usage of drop points to avoid some trips by operational resources to the Incident Base. However, Operations Section resources should come prepared for the need to send someone into the Incident Base on a daily basis.



Suggested minimum Incident (geographic) Base setup (workspace max 4-5 people per single yurt)

Yurt type	Section	Position
Single Yurt	Logistics, must have AV for remote broadcast of meetings	FACL, BCMG, EQPM?
Single Yurt	Logistics, Cache storage	RCDM
Single Yurt	Medical	Medical / EMT

Off-site ICP needs

- Off-site hotels/conference centers should be within one hour’s travel time of the ICP if possible.
- Preferred option is being in a “suite” style hotel where people are able to have both a work and a living space in their room and access to a kitchenette (to allow for less travel to restaurants for meals). Catering at the hotel may want to be explored as an option to reduce repeated daily exposure to restaurants.
- Conference rooms with enough room to allow work space and social distancing would be needed for section meetings, plotter setup, etc. Conference room should be of a size to allow people to work with proper social distancing and workspace allowances. Ventilation of conference rooms is a concern so allow for increased distance between work spaces. Workspaces in the conference room would prefer to be hardwired to a server.
- Internet connectivity (Wi-Fi and/or hard wired) will be necessary along with the ability to add phone lines if a conference center is being utilized.
- Contracts for tables and chairs, cleaning of conference room, etc. would be needed.
- If hotel conference rooms are not available, schools/fairgrounds, etc. may be an option for a remote ICP (still within the one hour drive time of the incident).

Section	Position	Workspace
Finance	FSC	Hotel room/Conference room
Finance	FSC – Deputy	Hotel room/Conference room
Finance	TIME	Hotel room/Conference room
Finance	PTRC	Hotel room/Conference room
Finance	PTRC	Hotel room/Conference room
Finance	EQTR	Hotel room/Conference room
Finance	EQTR	Hotel room/Conference room
Finance	COMP	Hotel room/Conference room
Finance	COST	Hotel room/Conference room
Finance	PROC	Hotel room/Conference room
Plans	PSC	Hotel room/Conference room
Plans	PSC(t)	Hotel room/Conference room
Plans	DOCL	Hotel room/Conference room
Plans	RESL	Hotel room/Conference room
Plans	RESL	Hotel room/Conference room
Plans	SCKN	Hotel room/Conference room
Plans	SCKN	Hotel room/Conference room
Plans	DMOB	Hotel room/Conference room
Plans	SITL	Hotel room/Conference room
Plans	GISS	Conference room
Plans	GISS	Conference room
Plans	GISS	Conference room
Plans	FBAN	Hotel room/Conference room
Plans	IMET	Hotel room/Conference room
Plans	LTAN	Hotel room/Conference room
Plans	SOPL	Hotel room/Conference room
Plans/Logistics	ITSS	Hotel room/Conference room
Plans/Logistics	ITSS	Hotel room/Conference room
Information	PIO	Hotel room/Conference room
Information	PIO	Hotel room/Conference room
Information	PIO	Hotel room/Conference room
Information	PIO	Hotel room/Conference room
Information	PIO	Hotel room/Conference room
Safety	SOFR	Hotel room

General Facilities Needs for Onsite ICP and Incident Bases

- Portable toilets will need to be spread out to better accommodate the spikes. There will be a greater potential that portable toilets will need to be moved more often to maintain their proximity to operations resources.
- Portable toilets will require more frequent sanitization.
- Dumpsters will be placed at the Incident Bases and it will be the responsibility of the Operations Section resources to bring refuse back to the Incident Base on a daily basis.

- A greater quantity of food/waste storage methods may be needed to accommodate the spike camps if incidents happen in areas with food storage orders (e.g. bears).
- Showers will initially be located only in the ICP. Divisions will need to work on a rotation to allow resources opportunities to travel back to ICP and shower.
- All locations (ICP and each Incident Base) will require hot handwash stations, sometimes multiple units. This will cause a dramatic increase in the number of hot handwash stations ordered by an incident, this may also require more potable and grey water vendors.
- Each Incident Base will require high quality internet and cell service. Incident Base location selection should consider the availability of cell service or a landline at the minimum. Satellite internet capabilities should be established if no hard lines are available. All Incident Bases need the ability to video conference consistently with the ICP and any remote/virtual team members.

Visitor Traffic Control

- Visitors to and from the ICP would be strictly limited to critical members of local emergency management or government as invited and approved by C&G staff. This will be accomplished by controlling entrance point(s) with a staffed checkpoint. Virtual meetings will be highly encouraged to minimize or completely eliminate any visitation from non-IMT members.
- CDC postings will be placed on all doors preventing entrance from anyone, including IMT members, who are suffering symptoms.

Team Personnel Traffic Control

- Within ICP, team members will be required to maintain social distancing guidelines at all times.
- All unnecessary travel to other locations both onsite within the ICP and offsite to adjacent towns or stores will be highly discouraged. (IC or Section Chief approval may be required for all off-site travel).
- Meetings should be conducted virtually, when possible, even when members are in the same building/on the same site.

Lodging

Team Lodging

- If ICP is located at a hotel, it is recommended that main IMT members reside at the hotel, not a different hotel in the area. This would greatly reduce the need for travel that would increase chances of exposure.
- Recommended that IMT members deemed “onsite” reside in tents per normal with greater spacing between tents.
- Members of Units or Sections should be treated as “family units”. There should be an attempt to stay within your family units as much as possible. Traditional sleeping areas may not be used, instead, members of a Unit may choose to sleep nearer to their Unit work space to continue isolation as a “family unit” (e.g. the SPUL, RCDM and ORDM may choose to create a secure sleeping area within the Supply Unit area).
- No one should sleep directly in work areas that others visit or interact in throughout the day. (No sleeping in yurts).
- Camper usage may be allowed. However, individual campers will not be allowed to hook into any generator power being provided by the incident nor will additional compensation be given.

In addition, as travel to local towns is highly discouraged, preparations should be made for people to bring a minimum of 14 days of supplies needed (e.g. gas for generators, propane, etc.). All people wishing to use campers should check with individual team LSCs for specifics.

- Campers, if allowed, are encouraged to not be used as office/workspace. The incident will not disinfect campers that are used as office space. The possibility of cross-contaminating a sleeping space with work space is highly probably if a camper is used for both a work and sleeping space.
- Virtual team members would simply work from their homes or home units.

Mobilization Lodging

- Only one person per room is strictly enforced.

Hotel Cleaning & Disinfecting

Major hotel chains have pandemic cleaning protocols established by their corporate offices that follow recommended CDC guidelines. These include but are not limited to:

- Deep/disinfecting cleaning of rooms only once per week. No room service or hotel personnel entering rooms through the week. This keeps only one person, the occupant, in a single room thus minimizing chances of cross-contamination.
- Disinfecting cleaning services provided by hotel staff to all public areas and public restrooms on a daily routine basis.
- Recommended that additional cleaning services be contracted if a hotel will be serving as the “off-site” ICP.

Social Distancing

- One person per room.
- Congregating in public areas in the mornings and evenings prohibited.
- Returning personnel should report directly to their rooms and conduct any after-hours business via phone or virtual technology.

Laundry

- All team members and crews will be encouraged to wear a fresh set of clothes daily or when possible. Consistent laundry service will need to be provided.

IWI Protocols

IWI notifications will work as they are outlined in the SOGs. Those C&G positions that work at a common location, e.g. ICP or hotel, will come together at the designated location, while working to maintain social distancing or wearing a cloth face covering. A location will be designated that allows for the required space for the number of C&G that could potentially respond. Only one C&G member per section will respond. An emergency virtual conference web call will be identified at the beginning of the incident so all C&G members can participate in an IWI.

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APPENDIX H - Food Service Options

Appendix H-1. Food Service Option 1 (Caterer w/modifications)

Summary: Caterer will supply all meals, no seating will be provided, no self-serve areas available, no pick up window. IMT and ICP personnel along with resources that are in close proximity to ICP will pick up their packaged meals from the caterer. Fireline resources will be supported through small spike camp operations where packaged meals are delivered by logistics resources. (All meals will be in a to-go style feeding option.)

Intended Uses: Catering is intended to provide food items for resources assigned to incident. The caterer can scale options to meet size of fire and varying need of resources. All meals are packaged 'to-go'.

Option 1 - Requirements for implementation				
Supply	Personnel	Delivery Methods	Deviations from current practices	Barriers/Unknowns
<ul style="list-style-type: none"> -Individual meal packaging (to-go style, clamshells) -Cardboard for packaging large (resource level) quantities to be delivered -Single use items (juice, milk, powered beverages) -Coolers 	<ul style="list-style-type: none"> -Catering personnel assigned to packaging -Utilize one person from resource to pick up meals from camp/drop point when feasible (reduce exposure to ground support) -Ground support delivers to drop points 	<ul style="list-style-type: none"> -Pick up available near caterer site for ICP/IMT resources and logistics resources delivering food to drop points. -Supported by all delivery methods (air or ground once packaged) -Deliver to drop points, maximize distance during pick up 	<ul style="list-style-type: none"> -No self-serve stations (salad bar, beverages) -No tents or eating area -Distance catering unit from other units in ICP -Meals packaged for individuals or an individual resource (crew, engine, single resource) -Caterer will provide supplemental food items to line spiked personnel (non-perishable food items from lunch and fresh produce) 	<ul style="list-style-type: none"> -National & Regional Direction for fire management, camp setup, and caterer location -Shortages of packing materials nationally, competing for supplies -Food shortages and supply issues (shut down of production) -Less than 150 meals provided during each meal time and loss of caterer.
Nutrition Specifics	Existing large food contract provides diverse options and meets nutritional requirements			
Modification to Contract Language	The caterer provides containers for meals that need to be packaged for off-site consumption. Modify contract for pre-made salad boat and no self-service salad bar. Modify contract to remove self-serve drink station, and have an individual drinks at a staffed station. Modify contract to include supplemental food items (non-perishable items from lunches and fresh fruit/veggies) for line spiked personnel where refrigeration/logistics are challenging to provide catered meals. Send out a letter to caterers pre-season stating there will be no dining area, all meals will be consumed at dispersed locations.			

Option 1 - Requirements for implementation	
Health Impacts	Caterer can provide a wider variety of food and more complete nutrition in comparison to pre-packaged items in other options. Hot meals need to be consumed within 4 hours of packaging (temperature concern).
Pros	Centralized supply of food sources and delivery. Lesser negative impact to local communities in terms of supply and exposure between fire personnel and community members.
Cons	Increased sanitation requirements based on FDA guidelines. If supporting multiple small spike camps, packaging needs increase as do logistical support if delivery is required. Packaging will increase trash/recycling. Need to consistently provide 150 meals per feeding time to have caterer onsite.
Misc. Options	3 in 1 Pick Up: Hot dinner, cold breakfast, sack lunch. Providing double lunches Utilizing a caterer conventionally is ONLY recommended if/when the concern for spread of COVID-19 is extremely low.
Considerations	Definitely consider when there are a large number of firefighters on an evolving fire or whenever there are a large number of diverse resource types (contracted resources, type 2 crews) Definitely DO NOT consider when hot meals cannot be consumed within 4 hours of leaving a temperature controlled environment.

Appendix H-2. Food Service Option 2 (Food Box provided by Agency)

Summary: The food box will provide shelf stable food items for 2 individuals for 3 shifts, resources will order the appropriate amount of boxes for resource size. The contents include freeze dried meals, canned items and other packaged goods. Water will be required for reconstitution of some menu items.

Intended Uses: Intended use is for line-spiked personnel (crew, engine, single resources) where providing caterer prepared meals is logistically challenging, increases risk or temperatures cannot be maintained. This box does not require refrigeration. Fresh produce should be considered. Implementation process still being discussed.

Option 2 - Requirements for implementation				
Supply	Personnel	Delivery Methods	Deviations from current practices	Barriers/Unknowns
<ul style="list-style-type: none"> -Packaging, cardboard boxes -Include utensils (forks, spoons, knives) -Stoves and fuel canisters for boiling water or metal pot 	<ul style="list-style-type: none"> -Local resources to purchase/package items if utilizing on IA fires to type 3 incidents -Order and assign personnel specifically for food delivery and backhaul -Utilize one person from resource to pick up meals from camp/drop point when feasible (reduce exposure to ground support) 	<ul style="list-style-type: none"> -Supported by all delivery methods (air or ground once packaged) -Deliver to drop points, maximize distance during pick up 	<ul style="list-style-type: none"> -Packaged for individual resources -Heating requirements: Boil water over open fire or gas stoves -Menu identifying items to include in food boxes 	<ul style="list-style-type: none"> -Buying teams/local purchasing -Limit exposure to ground support (often high risk population) -Food packaged on a large scale by SMJ/cache personnel in each geographic area -SMJ will not be a reliable option for building boxes if heavy IA commitment -Cannot be supported by Caterer, implementation process still unknown

Option 2 - Requirements for implementation																			
Nutrition Specifics	<p>Items selected follow T&D recommendations of 65% carbohydrate, 20% fat, and 15% protein for arduous work, as well as previous studies finding caloric expenditures upwards of 6200 calories per day. Emphasis on fiber-rich and nutrient rich may help maintain firefighter health, immunity, and overall resiliency.</p> <p>Shelf stable components:</p> <table border="0"> <tr> <td>Powdered electrolyte mix (individual packaged)</td> <td>Beverage mixes (cocoa, cider, etc.)</td> </tr> <tr> <td>Chips, pretzels, crackers</td> <td>Snack and energy bars -Nature Valley, etc.</td> </tr> <tr> <td>Breakfast bars or biscuits</td> <td>Protein bars- Clif protein bars</td> </tr> <tr> <td>Bars with at least 3g of fiber-fig bars, Larabars</td> <td>Single serve peanut/nut butter</td> </tr> <tr> <td>Nuts, seeds, trail mix</td> <td>Dried fruit-apricots, dates, apples, pears, prunes, cranberries, fruit leather</td> </tr> <tr> <td>Jerky and cured meats</td> <td>Canned or pouched salmon, chicken or tuna</td> </tr> <tr> <td>Single serve pickles or olives</td> <td>Tortillas, bread</td> </tr> <tr> <td>Breakfast cereal, instant oatmeal</td> <td>Canned soup, beans, chili, fruit and vegetables</td> </tr> <tr> <td>Honey</td> <td>Hot sauce</td> </tr> </table> <p>*See perishable food items in MRE with Fresh Produce below</p>	Powdered electrolyte mix (individual packaged)	Beverage mixes (cocoa, cider, etc.)	Chips, pretzels, crackers	Snack and energy bars -Nature Valley, etc.	Breakfast bars or biscuits	Protein bars- Clif protein bars	Bars with at least 3g of fiber-fig bars, Larabars	Single serve peanut/nut butter	Nuts, seeds, trail mix	Dried fruit-apricots, dates, apples, pears, prunes, cranberries, fruit leather	Jerky and cured meats	Canned or pouched salmon, chicken or tuna	Single serve pickles or olives	Tortillas, bread	Breakfast cereal, instant oatmeal	Canned soup, beans, chili, fruit and vegetables	Honey	Hot sauce
Powdered electrolyte mix (individual packaged)	Beverage mixes (cocoa, cider, etc.)																		
Chips, pretzels, crackers	Snack and energy bars -Nature Valley, etc.																		
Breakfast bars or biscuits	Protein bars- Clif protein bars																		
Bars with at least 3g of fiber-fig bars, Larabars	Single serve peanut/nut butter																		
Nuts, seeds, trail mix	Dried fruit-apricots, dates, apples, pears, prunes, cranberries, fruit leather																		
Jerky and cured meats	Canned or pouched salmon, chicken or tuna																		
Single serve pickles or olives	Tortillas, bread																		
Breakfast cereal, instant oatmeal	Canned soup, beans, chili, fruit and vegetables																		
Honey	Hot sauce																		
Modification to Contract Language	Caterers do not have to accept modifications to the contract. In preparing supplemental boxes that incorporated items from the lunch, caterers could request full reimbursement of the lunch cost even when only partial is provided.																		
Health Impacts	Variable, menus can be tailored to provide adequate calories with appropriate macronutrient breakdown.																		
Pros	Allows for fresh food items and crew distancing, no refrigeration requirements																		
Cons	Increased trash production/recycling needs. Cannot be supported by caterer (access to freeze dried, storage of canned goods)																		
Considerations	Definitely consider when the resource are remote and delivery/logistics are challenging or present more risks. Definitely DO NOT consider when able to supply resources with catered meals.																		

Appendix H-3. Food Service Option 3 (MREs with Fresh Produce)

Summary: MREs can be supplied and utilized in multiple scenarios and are intended for short term usage or need to be supplemented with other options. MREs have a long shelf life and resources can arrive to a fire with supply.

Intended usage: During initial attack, extended attack, and Type 3 fires when other options are not viable. In hard to reach geographical divisions of type 1 and 2 fires. When MREs can be supplemented with fresh produce from the caterer or incident. The Army Combat Feeding Directorate also indicates "(MREs) can be consumed as the sole source of subsistence for up to 21 days. When available, bread, fruit, as enhancements, and milk as a supplement to the MRE are recommended." Establish tracking system to ensure crews are provided meals.

Option 3 - Requirements for implementation				
Supply	Personnel	Delivery Methods	Deviations from current practices	Barriers/Unknowns
-Cache ordering supply of MREs and MRE alternatives -Resources can arrive to fires with supply	-FS Cache managers and employees -Determine available stock and ordering procedures	-Pick up available near caterer site for ICP/IMT resources and logistics resources delivering food to drop points. -Supported by all delivery methods (air or ground once packaged) -Deliver to drop points, maximize distance during pick up	-Cache ordering new items (MRE alternatives) -Consider buying team for purchasing produce	-Currently readily available, may run low if heavily relied on for meals
Nutrition Specifics	<p>MREs: A current diet of strictly 3 MREs per day provides 3,600 kcal when all components are consumed, with approximately 13 % protein, 36 % fat, and 51 % carbohydrates.</p> <p>Perishable items: Recommend items like cheese sticks and salad "boats" be packaged individually, and in gallon Ziploc bags or other secondary packaging to allow easy cooler storage</p> <p>Dairy, etc.: Cheese sticks, hard-boiled eggs, single-serve yogurt, single-serve milk</p> <p>Produce: Consider spoilage rates of fruits/vegetables (ex: berries will not hold up in transport and storage like radishes). Apples, pears, plums, grapes, oranges, salad "boats," carrots, celery, broccoli, cauliflower, radishes, snap peas, peppers, avocados, cherry tomatoes</p>			
Modification to Contract Language	Buying teams or local purchasing of items identified in DLA options.			

Option 3 - Requirements for implementation	
Health Impacts	<p>-<i>"MREs are approved by the Office of the Surgeon General to be consumed for 21 days straight as sole source of consumption with no negative nutritional deficits."</i> (Julie Smith, Natick's Combat Feeding Directorate's senior food technologist and registered dietitian)</p> <p>-MREs offer a limited variety of food options</p> <p>-Fortified, however, better sources of carbohydrates, fiber, and other nutrients are available</p> <p>-MRE alternatives can provide varying calories and nutrients as well as supplement items lacking in MRE</p>
Pros	Currently available through the cache system. Shelf stable. Resources can arrive with and sustain supply.
Cons	Still need to supply resources with water. Food aversion leading to low caloric intake.
Misc Options	<p>First Strike Rations: (Limited quantities available)</p> <p>Provides ~2,900 calories per package, with approximately 14% protein, 52% carbohydrate and 34% fat. "The FSR is substantially reduced in weight and size and enhances soldier consumption, nutritional intake, and mobility."</p>
Considerations	Definitely consider when the risk of COVID-19 spread is high. When resources are remote and delivery/logistics are challenging or present more risks.

APPENDIX I - Radio Equipment Disinfecting Procedures Vendor Recommendations

The National Interagency Incident Communications Division (NIICD) has worked with all their radio equipment manufacturers regarding the proper decontamination supplies and processes to be used on their equipment. The following is the information they provided.

Do not allow any solution to puddle or pool on the equipment. It is recommended to apply solution to a cloth in order to make it damp, wring the cloth out, and then apply to the radio equipment. If using pre-moistened wipes wring excess liquid from wipe prior to use.

In order to keep the number of disinfectants to a minimum the NIICD recommends the following:

Clorox Bleach Solution (1:10, Bleach:Water)	Clorox Wipes with Bleach**	Isopropyl Alcohol or Isopropyl Alcohol Wipes	Lysol Wipes	Lysol Spray
Codan/Daniels	Codan/Daniels	Motorola	Midland	Solar Panel Nylon Backing
Relm/BK	Midland	Skydyne Kit Boxes	Skydyne Kit Boxes	Pelican Cases
Pelican	Solar Panel Cells	Pelican Cases	Solar Panel Cells	Kit Foam Liners
ICOM	Pelican Cases	ICOM		

** Ensure you use Clorox wipes with Bleach

Below is the complete list of manufacture’s recommendations for cleaning:

RELM/BK

Service Bulletin BKS-1058 issued 03/19/2020 <https://bktechnologies.com/service-portal//assets/images/BKS-1058.pdf>

NOTE: Do not use chemical cleaners, spray, or petroleum-based products. Use of these can damage the radio and/or battery.

The following disinfectants that will not degrade the radio with normal usage:

- Enviro-Tru-1453
- T36 Disinfex (Viralex)
- Clorox Bleach Solution (1:10, Bleach:Water)
- CaviWipes
- Accel PREvention Wipes

NOTE: The reason Clorox™ wipes were not put on the list is due to the wide variety of wipes available. The most common is the (Bleach free) however, they do contain other ingredients that have not been tested on the radio and accessories for long term effects.

Ensure no puddling or pooling of solution is left on the radio

- Apply cleaning solution to a clean damp cloth and clean the radio. Do not spray cleaning solution directly onto radio. To clean the radio in the speaker and microphone areas, carefully wipe these areas but prevent the cleaning solution from entering the speaker or microphone openings.
- Wipe off the radio with clean damp cloth using mild warm soapy water.

- Follow by wiping off the radio with clean, warm damp cloth using water only.
- Wipe dry with clean cloth.

MOTOROLA

Information Bulletin MTN-0038-20-GL issued 03/2020 https://lasd.org/pdf/RadioCleaning_MTN-0038-20-GL.pdf

NOTE: **Do not** use bleach, solvents or cleaning sprays to cleanse or disinfect your device.

- Devices may be disinfected by wiping them down with over-the-counter isopropyl alcohol (rubbing alcohol) with at least **70%** alcohol concentration.
 - When cleaning with isopropyl alcohol, **the alcohol should never be applied directly to the device.** It should be applied to a cloth, which is then used to wipe down the device.
- The effects of certain chemicals and their vapors can have detrimental effects on plastics and the metal plating.
- **IMPORTANT:** Motorola Solutions, Inc. is unable to, and did not, determine whether any particular cleaning product is effective in removing specific foreign substances (including viruses) from the device, nor whether any disinfectant will remove all germs or viruses. However, the above cleaners, disinfectants and processes have been approved for use by Motorola Solutions, Inc. related to their less degrading effect on the physical device. Please consult the chemical manufacturers’ documentation for specifics on cleaning product efficacy with regards to foreign substances (such as viruses).

MIDLAND

- **website** <https://midlandusa.com/best-practices-for-sanitizing-your-walkie-talkies/>
- Manufacturer recommended disinfectant spray and/or wipes such as Lysol
- Always ensure that the radios are turned OFF before cleaning them.
- Do NOT submerge the radios into any cleaning liquid, or spray the cleaner directly onto the radio. This can cause over-saturation. Liquid could soak into cracks on the device, and potentially cause serious damage.
- An antibacterial wipe is one reliable way to properly sanitize your walkie talkie. But before using it, make sure to squeeze out all of the excess liquid in the wipe. It can still be damp to the touch, just not dripping with cleaner.
- Last but not least, the best method for cleaning & sanitizing your walkie talkies is to apply/spray an anti-bacterial cleaner directly to a microfiber cloth, and then use that cloth to clean your radio.
- Once again, always making sure that the cloth isn’t soaking wet—to avoid over-saturating your radio and potentially causing damage.

CODAN/DANIELS

Email from manufacturer

Codan is following the recommendation of the Centers for Disease Control (CDC). More detailed instructions can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

- In all cases, wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. Consult the manufacturer’s instructions for cleaning and disinfection products used. Wash hands immediately after gloves are removed.
- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on CDC’s website. Follow manufacturer’s instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.), making sure to use the appropriate solution for the surface you are treating.
- Spray the disinfectant on a clean lint-free cloth and wipe the areas clean. Repeat if necessary.
- Do not spray the equipment directly. Do not disassemble to treat the inside of the equipment. Do not allow the equipment to appear saturated with the solution.
- To clean coax and RJ45 cables and the microphones, use isopropyl/rubbing alcohol wipes at a 70% concentration.
- **Do not** use bleach or Lysol on aluminum module and racks.
- Codan’s manufacturing manager recommended a product called Spray Nine which can be found at the following website.
 - https://www.spraynine.com/product/spray-nine-cleanerdegreaser-8/?cat_refer=10

SKYDYNE

Email from manufacturer

- Alcohol is the **best option** for both cases (molded-in color and painted), and it is the option we recommend.
 - For the molded-in color fiberglass reinforced plastic cases you should be fine with:
 - Alcohol (recommended)
 - Water Bleach Solution
 - Lysol
 - MEK
 - Acetone
 - Paint Thinner
 - For the painted fiberglass reinforced plastic cases you can use:
 - Alcohol (recommended)
 - Water Bleach Solution
 - Lysol

PELICAN

- **Website:** <https://mailchi.mp/thecasestore.com/cleaning-tips?e=799f5bf80b>

EFFECTIVE DISINFECTANTS:

- Rubbing Alcohol
- Disinfectant wipes (Clorox, Windex, and store brands acceptable)

- Diluted Bleach Solutions
- (4tsp. bleach / 1qt.water)
- Common household disinfectant sprays
- Most industrial, medical and military decontaminate solutions.

METHOD:

- Clean your case before disinfecting
 - remove all solids (dust, debris, dirt, grease, etc.) using warm soapy water and brush
- Wipe case surfaces from the inside out in this order
 - Case interior surfaces
 - O-Ring seal (tongue and groove sides)
 - Latches (including under-side)
 - Handles
 - case exterior surfaces

KIT POLYURETHANE FOAM LINERS

Email from manufacturer

- Because the inserts are a polyurethane foam you can use Lysol Spray to disinfect without damaging the product.

Manufacturers Recommendations:

Disinfectant	Equipment Manufacturer Recommendation								
	Codan/ Daniels	Relm/ BK	Motorola	Midland	Skydyne	Solar Panels	Pelican	ICOM	Foam Liners
Accel Prevent Wipes		X							
Bleach Solution (1:10, Bleach:Water)	X	X					X	X	
Calla 1452		X							
Caviwipes		X							
Clorox Wipes	X			X		Solar Cells	X		
Enviro-Tru-1453		X							
Isopropyl Alcohol			X		X		X	X	
Isopropyl Alcohol Wipes			X		X		X	X	
T36 Disinfex		X							
Lysol Spray						Nylon Back	X		X
Lysol Wipes				X	X	Solar Cells			
Spray Nine	X								

These processes will be updated as more information becomes available.

APPENDIX J - COVID-19 Cleaning Recommendations

Recommended Cleaning Guidelines

- Eye protection and gloves are recommended while cleaning.
- Disinfectants can be commercially purchased like Lysol, Zep, Blue Stuff, Envy, or a 10:1 solution of bleach to water.

Floors

- Mop once per day—warm water and disinfectant and allow to remain on floor for at least 10 minutes, then rinse with water.

Soft (Porous) Surfaces

- Once per day minimum (preferably at the beginning and end of shift, especially if the space is used by other personnel).
- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Use a disinfectant: spray, wait 10 minutes, wipe surface clean or allow surface to dry.

Hard Surface & All Electronics (Desks, counter-tops, wipe-able surfaces, door handles) (mouse, phones, keyboards, cell phones, iPad, etc.)

- At least twice per day.
- Hard surfaces: spray with a disinfectant, wait 10 minutes prior to wiping clean.
- Electronics; pre-moisten cleaning towel with disinfectant, allow 10 minutes prior to wiping clean.

Windows

- Once per day using any glass cleaner solution and wipe clean immediately. Vinegar and water is the best solution for windows.

Areas that are provided under a contract; I.e. Toilets, Hand Washing Stations, Showers

- Contractors will clean per their contract specifications.

Vehicles

- Eye protection and gloves are recommended while cleaning.
- If decontaminating after a suspected COVID-19 case, use full PPE as appropriate.
- Agency vehicles will clean based on their agency specifications or use these recommendations.
- Ambulances will clean based on their agency specifications.

Floors

- Once a day using a disinfectant and allow to remain on floor for at least 10 minutes.

Soft (Porous) Surface

- Once a day using a disinfectant: spray, wait 10 minutes, wipe surface clean or allow surface to dry.

Hard Surfaces (Steering wheels, dash, vinyl seats, grab handles etc.)

- Once a day using a disinfectant spray: spray, wait 10 minutes, wipe surfaces clean.

Switches and Electronics (MDT):

- Once a day using a pre-moisten towel with disinfectant, allow 10 minutes prior to wiping clean.

APPENDIX K - Check-in and Demobilization Protocols

Check-in

- Contact for Check-in should be identified on the Resource Order. This will give Check-in a jump start on entering data and sending link to Microsoft Form, if they have that capability on a mobile device. If up and running, we suggest utilizing QR code tied to check-in “form” that will populate into a spreadsheet for remote/virtual SCKN to enter into e-ISuite. RESLs will also have access to the spreadsheet on TEAMS site. Resources are not required to show a qualification card but can submit a digital copy with the completion of the check in form.
- One SCKN will manage operations at ICP and will execute the full suite of check-in duties. That person will coordinate with the remote/virtual SCKNs, and will help troubleshoot any check-in problems onsite, input resources into e-ISuite, and will help with remote/virtual Demobilization Unit and documentation when possible.
- One to two SCKNs will be virtual/remote. They will primarily populate e-ISuite since IROC will not currently do that (IROC should populate the amended web-based e-ISuite when that program is released in mid-June).

Demobilization

- DMOB would be co-located with Check-in onsite or remote.
- DMOB could supervise SKCNs if located together to relieve RESL of that task.
- If demobilizing in-person, no more than one at a time in office/yurt. Or in case of a crew demobilization, primary supervisor and trainee only.
- All resources should be screened at the time of their demobilization. If a resource indicates symptoms of COVID-19, protocols in Appendix F-7 should be followed.
- Will need daily call/email with Finance (other sections as needed) to ensure smooth process.
- Can communicate with Supply Unit, Ground Support Unit, Communications Unit, etc. by cell phone or Logistics radio to determine whether resource has equipment to check back in.
- Emails from Section Chiefs will suffice for tentative releases.
- Create a spreadsheet where each unit signs off on personnel through demobilization process so resource does not physically have to go to all sections.
- Electronic forms need to be on team FireNet site.
- A fillable ICS-221 for each resource could be maintained on FireNet that could be reviewed and digitally approved by each section/unit.

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APPENDIX L - Agency Administrator Considerations when Hosting an IMT in a COVID-19 Environment

General Considerations:

- Clear and consistent leader’s intent for the incident, including strategic direction and COVID-19 mitigations, is critical to the efficient engagement of an IMT.
- Expect a much larger physical footprint for IMT operations.
 - The area occupied by an ICP will need to be considerably larger than in previous years as various functions are more spread out due to social distancing guidelines.
 - Line resources will require multiple camps of greater acreage to comply with COVID-19 mitigations.
 - Prior to mobilization of an IMT, Agency Administrators should identify potential remote working sites for much of the IMT (motel/hotel facilities with large conference rooms or ballrooms).
- Expect an overall increase in the amount of time and resources necessary to meet fire management expectations (potentially up to 25%).
 - Expect an increase in overall cost for complex incident management with COVID-19 mitigations.
 - Camp setup, line production rates, and reduced productivity due to additional time to meet COVID-19 mitigation protocols will all impact the rate at which objectives can be met and, in some cases, the strategies and tactics that can reasonably be expected to be successful.
- Expect potential reduction in available resources which could indirectly affect viable strategic and tactical options for an incident.
- Expect a need for enhanced communications capabilities; both internet capabilities (fiber optics, DSL lines) and cell phone coverage.
- Agency representatives, who desire to be on-scene, should plan to stay on-scene or work remotely for the duration. On-scene representatives should schedule “rotations” with replacement allowing for 3 to 5 day isolation periods before visiting a new ICP.
- Local support will need to be fully integrated with the IMT and committed to following COVID-19 mitigation guidelines. This will apply to suppression resources, support resources, resource advisors, etc.
- There will be a potential for closed camps and impacts/conflicts with labor agreements and expectations.
- Expect to notify the community of impacts and restrictions associated with closed camps including public access restrictions, limitations on fire personnel access to local services (gas, grocery store, etc.).
- Expect increased need to prepare the community for influx of fire personnel—driving additional public service notification and announcements.
- Limit use of surge or support resources from one incident to another.
- Recommend discussion of suppression repair and burned area emergency recovery (BAER)/Emergency Stabilization and Burned Area Rehabilitation (ES&BAR) work relative to overall responder and IMT assignment duration.

- Expect lower complexity and emerging incidents to rely on the hosting unit to supply Health Liaison or Safety and Health Manager to assist the IMT until a formal process can be determined.

Information/Liaison Considerations:

- IMT effectiveness in engaging and informing the public would be greatly enhanced if host agencies could provide extensive stakeholder and critical public contact lists prior to the IMT's mobilization.

Safety Considerations:

- Safety considerations should not be distracted by the pandemic. It is one risk component for suppression incidents, adding to all the factors needing consideration in risk assessments. COVID-19 is not the mission. COVID-19 is just another hazard to be assessed to complete the mission.
- Agency Administrators must help support daily operations at all incident type levels by providing IMTs with a comprehensive understanding of local public health, physical and mental health support services available, critical contact information, and facilities and supplies available to tier to IMT operations.

Logistical Considerations:

- Time and resources needed for the logistical support of incident operations will increase.

Operational Considerations:

- Providing clear and consistent leader's intent for the incident, including strategic direction and COVID-19 mitigations, is critical to the efficient engagement of scarce operations personnel.
- Expect shift length adjustments that may affect the time resources are tactically engaged in suppression activities.
- Define Initial Attack responsibilities by minimizing the mixing of team/non-team resources. For instance, isolate incident-assigned resources from local unit resources by clearly defining Initial Attack responsibility areas vs reliance on team resources for Initial Attack support to the local unit. Expect primary Initial Attack support, unit to unit, to rely heavily on aviation resources which pose a lower risk of cross exposure.
- Expect a conflict in developing Mop-up Standards—between rapid containment and limiting smoke to communities, and elevated risk to firefighter health (due to extended mop-up).

Air Operations Considerations:

- Aircraft could be based at several different locations or at a temporary home base which could increase flight time.

Plans Considerations:

- Electronic documentation may be utilized in a larger capacity due to functional areas working from remote locations. This may require the purchase of scanner equipment for the incident to convert hard copy documents to electronic. If an entirely electronic documentation package is desired, hosting agencies should consider converting paper documents to digital format after the IMT has completed its assignment.
- There will be a need for additional rental printer/copier equipment or copy service vendors due to staff working in both on-site and multiple remote locations.
- Due to the physical separation requirements, the ability to provide quality training may be limited.

Finance Considerations:

- Additional facilities may be needed during IMT transitions to accommodate increased staffing.
- Additional special items including PPE for COVID-19 response, disinfection, and isolation kits may require additional financial approvals and documentation for associated costs.
- With the additional cost associated with COVID-19, Cost Share Agreements may be more complex, and need additional considerations.
- Additional costs for non-traditional sleeping and eating accommodations, increased shower configurations and other hygiene considerations may require additional approvals and documentation.
- Capacity for producing financial products in a timely manner may be reduced due to the potential for finance staff working from remote or virtual locations.

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APPENDIX M - References

Individuals considered to be at high risk by CDC. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

Infectious Disease Guidance for Wildland Fire Incidents, Emergency Medical Committee @ <https://www.nwcg.gov/committees/emergency-medical-committee/infectious-disease-guidance>

Fire Management Board memoranda @ <https://sites.google.com/a/firenet.gov/fmb/home/information/memorandums/fmb-memorandums-2020>

<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>

Fire Management Board (FMB) and Medical and Public Health Advisory Team (MPHAT) documents @ <https://sites.google.com/a/firenet.gov/fmb/home/covid19-portal>

<https://www.cdc.gov/coronavirus/2019-ncov/community/wildland-firefighters-faq.html>

Local requirements as mandated by Sheriff's Office and/or Emergency Manager.

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>

Symptoms of Coronavirus <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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

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

DOI COVID-19 Risk Assessment & Decision Matrix for Managers https://doimspp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/DOI_COVID19_Decision_Matrix_Version4

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

Personnel in Mission Critical and Essential Function Positions <https://doimspp.sharepoint.com/:b:/r/sites/doicov/Shared>

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-facecoverings.html>
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

FAQs for Wildland Firefighters. <https://www.cdc.gov/coronavirus/2019-ncov/community/wildland-firefighters-faq.html>

<https://coronavirus.jhu.edu/us-map>