

COVID-19 BEST PRACTICES

I. PREVENTION OF COVID-19 TRANSMISSION AND SPREAD – This theme addresses how we will take care of personnel and the public by openly employing mitigation measures known to stem the transmission and spread of the COVID-19 virus in the incident management environment, and reinforce the importance of everyone adhering to all prevention measures.

GUIDANCE: Follow the Wildland Fire COVID-19 Medical and Public Health Advisory Team (MPHAT), Centers for Disease Control and Prevention, and local COVID-19 guidance and best practices, to minimize COVID-19 exposure and transmission.

- Medical and Public Health Advisory Team continues to stay informed in the science surrounding COVID-19 changes, and works to regularly update the guidance: <https://www.nwcg.gov/partners/fmb/guidance-prevention-management>
- Be familiar with [insert host agency annual Letters of Intent], Wildland Fire Response Plan COVID-19 Pandemic, as well as [insert Geographic and/or Local Level Plans].

SCREENING: All incident personnel are screened daily using the COVID-19 screening tool (see attachment). Resources entering or assigned to an Incident Command Post will have daily screening including temperature scan. Wrist bands or other identifiers will be used to ensure daily screening has occurred.

FACE COVERINGS: Unvaccinated incident personnel are to wear a face covering when in enclosed spaces with other individuals and when outdoors if unable to physically distance 6 ft. or more, with the exception of firefighting line operations. Fully vaccinated individuals do not need to wear face coverings but may want to consider their general use to prevent common infectious disease transmission often prevalent in fire camps (“camp crud”).

SOCIAL DISTANCING: To the extent possible, continue to adhere to the current “Module as One” concept in all situations: <https://wildfirelessons.blog/2021/06/14/what-does-module-as-one-mean-in-2021/>.

- Keep resources separated to the extent feasible to minimize transmission of spread.
- Minimize briefing size and limit face to face contact as much as possible.
- Decentralize Staging Areas to limit face to face contact with other modules.
- Provide smaller, separated sleeping areas, including using line spike camps and small spike camps as much as possible.

QUARANTINE:

- Fully vaccinated individual and exposed to COVID-19 – No quarantine is required if an individual can show they have had a full series of COVID-19 vaccine, is 14-days out from the last vaccination, and is asymptomatic. It is recommended that the individual be tested for COVID-19 following an exposure.
- Unvaccinated individual and exposed to COVID-19 – Quarantine for 10-days from last exposure to positive case, and if remains asymptomatic the individual may return to work, OR, if a PCR (polymerase chain reaction) test is obtained within 48 hours of the end of the 7th day AND is negative, quarantine may end as long as the individual remains asymptomatic.

HEALTHY WORKFORCE: Prioritize and emphasize the importance of rest, and proper hydration and nutrition every workday.

RISK ASSESSMENT: When planning strategies and tactics, develop and/or include the evaluation of COVID-19 impacts in existing risk assessments. Consider:

- Minimizing exposure of COVID-19 to employees while balancing response efficiency and effectiveness.
- Managing adverse COVID-19 exposure and smoke effects to the public, local communities, and cooperators, including minimizing the duration of time citizens are displaced during evacuations.

TECHNOLOGY: To the extent possible, use all reliable technology to reduce risk and limit exposure to COVID-19. Consider:

- Internal briefings and meetings, external cooperator and community meetings, and virtual/remote staffing in incident management strategies.

II. TESTING/TRACKING/NOTIFICATION: This theme addresses how the host unit(s), Incident Commander and/or Incident Management Team will take care of incident personnel by developing and/or implementing actions designed to responsibly and empathetically support and provide for personnel who may have been exposed to, or contracted COVID-19.

GUIDANCE: Know and implement the most current direction from Medical and Public Health Advisory Team, the Centers for Disease Control and Prevention and local health authorities. Refer to the National Wildfire Coordination Group infectious disease guide for incident-based information: <https://www.nwcg.gov/committees/emergency-medical-committee/infectious-disease-guidance>.

COVID HEALTH OFFICIALS: The Incident Management Team COVID Coordinator should work collaboratively with the local COVID Advisor, or the local health authority, to develop and provide a plan for any COVID-19 exposures, isolations, or positive test (symptomatic and asymptomatic); as well as coordinating testing, contact assessment, and isolation and demobilization of individuals affected by COVID-19.

CONTACT TRACKING: Assigned personnel should track their face-to-face interactions and share as requested.

REPORTING SYMPTOMS: Personnel should immediately report symptoms or potential COVID-19 exposure to their supervisor and initiate onsite self-isolation or self-quarantine.

INTERNAL NOTIFICATIONS: When individuals exhibit symptoms, but are not yet tested, notify the local COVID Advisor as part of the daily reporting. Immediately notify the local COVID Advisor if multiple individuals are exhibiting symptoms in numbers at the module or greater level. The Incident Management Team COVID Advisor/Coordinator is responsible for logging the incident into the COVID-19 Tracking System designed to track COVID-19 activity on a fire (see attached). Incident Management Teams are responsible for identifying who will report this information, ensure they have obtained access to the database and understand the protocols for entering and reporting information, and regularly update the tracker.

ISOLATION: When individuals exhibit symptoms but are not yet tested:

- Facilitate further health assessment and COVID-19 test as appropriate,
- Isolate the sick individual(s),
- Isolate others in close contact with the sick individual(s).

CONTACT ASSESSMENT: Fire management personnel will interview the affected person for symptoms, other personnel that might have been exposed and determine locations, using COVID-19 approved protocols. When possible use virtual interview methods. This will help to identify and inform others potentially exposed, to check for symptoms, and determine the need for decontamination or any further actions necessary.

EXPOSURE NOTIFICATIONS: If notified by employee or Health Department of positive COVID-19 test results, inform appropriate groups, including home Agency Administrator and others (i.e. Incident Commander, home unit, Contracting Officer, etc.), without disclosing Personal Identifiable Information (PII) and in compliance with agency policy, Health Insurance Portability and Accountability Act (HIPAA) regulations, and the Ryan White Act.

TESTING PROTOCOLS: [Insert local testing expectations here]

POSTIVE TESTS: If notified by employee or Health Department of positive COVID-19 test results, inform appropriate groups including home Agency Administrator and others (i.e. Incident Commander, home unit, Contracting Officer, etc.), without disclosing Personal Identifiable Information (PII) and in compliance with agency policy, Health Insurance Portability and Accountability Act (HIPAA) regulations, and the Ryan White Act.

DEMOBILIZATION: When firefighters are demobilized due to potential COVID-19 exposure or symptoms, inform the afflicted employee's Agency Administrator.

PATIENT TRANSPORTATION: [Insert local protocol for transporting patients in a COVID-19 environment.]

SANITATION: Decontaminate any equipment and locations before returning to service.

DEMOB/TRAVEL: Demobilize person to home unit if possible; follow COVID-19 public health orders for transportation arrangements home.

III. COMMUNICATION/COORDINATION – This theme addresses how Agency Administrators and Incident Management Teams will promote dialogue and transparency by communicating openly about COVID-19 with each other, incident personnel, interagency partners, the public, cooperators, and key stakeholders.

INTEGRATION IN INCIDENT MESSAGING: Add COVID-19 topics to all briefings and After-Action Reviews.

LEAD BY EXAMPLE: Fully vaccinated individuals do not need to wear face coverings but should consider their general use to prevent common infectious disease transmission often prevalent in fire camps (“camp crud”). Unvaccinated incident personnel are to wear a face covering when in enclosed spaces with other individuals and when outdoors if unable to physically distance 6 ft. or more, with the exception of firefighting line operations. Discuss COVID-19 mitigation's at briefings and in the Incident Action Plan.

RAPID LESSONS SHARING: Capture and communicate lessons learned.

INTERAGENCY COMMUNICATION: Routinely communicate with jurisdictional partners to maintain a shared situational awareness and a current common operating picture.

PUBLIC COMMUNICATION: Use a variety of media tactics (social media, traditional media, and other viable technology) to communicate with the public and key contacts to minimize exposure to personnel and the public.

COORDINATED MESSAGING: Coordinate all external messaging related to COVID-19 with local health officials and host units.