IAFC WEBINARS

COVID-19 Weekly Updates

Monday, May 18, 2020 | 4 PM ET

iafc.org/covid19
INTRODUCTION OF PANELISTS

Chief Gary Ludwig, IAFC President

Mr. Ken LaSala, IAFC Director of Government Relations

Fire Chief John Sinclair, Chair COVID19 Task Force

Dr. Jim Augustine, MD, FACEP, IAFC COVID-19 TF, EMS Section Representative

AND SPECIAL GUESTS

Deputy Fire Chief Rich Elliott, Wildland Ops Section Chief, Member of Wildland Policy Committee
Ken LaSala

Director of Government Relations and Policy
HEROES Act (H.R. 6800)

• **AFG:**
  - New $500 million: Waive local cost share, maximum amount, maintenance of expenditure reqts, peer review and limits on categories of depts.

• **SAFER:** New $500 million & FY 2020: Waive requirements, including local cost share, and allow fire departments to retain and re-hire firefighters.
HEROES Act (H.R. 6800)

- Permanently extend exclusion of any state or local property tax benefits and up to $600 in other benefits for volunteer fire & EMS from federal taxation.
- Creates $500 deduction for first responders’ training, tuition and uniforms.
- Creation of HEROES fund to grant hazardous duty pay for essential workers.
- Repeal statutory requirement that FCC auction T-Band.
- Clarification of PSOB eligibility for families of COVID-19 LODDs and disabilities.

Please continue to contact your Senators about the HEROES Act:
PSOB Legislation

• **S. 3607, Legislation to Clarify PSOB Eligibility for the Families of COVID-19 LODDs and Disabilities**
  - Requirements:
    - Officer engaged in line of duty action between January 1, 2020 & December 31, 2021.
    - Officer diagnosed with COVID-19 (or displayed evidence of disease) within 45 days of last time on duty.
    - Officer had COVID-19 (or complications therefrom) at the time of death.

• Passed Senate on May 14
Grants:

- FY 2019 SAFER Grants – Application Period: EXTENDED TO MAY 27
  - Waived Cost Share, Supplanting, Cost Limit & Minimum Budget Reqs.

- FY 2019 FP&S Grants - Application Period: April 27 – May 29

Rich Elliott

Deputy Chief
IAFC Wildland Policy Committee
Fire Camp:

Existing infectious disease mitigation efforts not adequate in the shadow of COVID19

- “Camp Crud” an almost accepted outcome of large incidents - Plan was solid – lacking in execution?
- Limited focus on infectious disease for safety, logistics and medical unit.
- Limited and low quality sleep, crowded living conditions, limited shower and sanitation no “quarantine” processes.
- “Buffet” style meal distribution and “cafeteria” style dining.

All contribute to make a disease that is spread through the air or droplets and has some “shelf life” on surfaces, a significant issue for our responders.
Dozens of regional, state or agency plans have emerged. All share common traits for response crews:

- Pre-response – meals, PPE, screening and most important education for responders.
- Check in – screening and stream-lining process
- Logistics – pre-packaged meals, more sanitation and hand-washing, assigned sleeping areas (crews), infectious disease staff
- Operations – briefing – social distancing – supervisors only, daily screening
- Demob – screening, stream-lined

Note – IMT staff and/or local public health will have ability to quarantine or isolate. Crews will maintain cohesiveness and will likely be sent home if 1 member fails screening.
Primary Focus:

• Crews will be treated as family units – no IAFC recommended masking inside vehicles or on fire line.
• Individual FF’s need to own infection control. Hand-washing, mask use and social distancing are individual responsibilities and enforcement will be difficult unless fire crews embrace this as cultural norms.
• Cloth or surgical masks will be recommended and may be required in fire camp.
• Local health rules will apply – IMT will contact LHJ as camp is set up.
• Keeping sick or at risk individuals away from fire camps is paramount. Agencies need to screen their own people.
• Support resources (logistics) will be difficult – crews need to be self-sufficient.
Conclusions:

- Wildland fire camps are a higher-risk living environment.
- Things will not go as planned.
- IMT’s will need feedback – there are elements of the plans that may turn out to be not feasible or not produce the safety-related effects. Feedback and suggestions will contribute to improved application.

All contribute to make a disease that is spread through the air or droplets and has some “shelf life” on surfaces, a significant issue for our responders.
IAFC Ask for Fire Chiefs:

• Know your regional plan.
• Make sure your personnel know the plan, including any additional steps or mitigation efforts you add. It is strongly suggested you have policy/procedure language and checklists for your personnel.
• Equip your personnel and apparatus to support the plan.
• Make an informed decision about how and to what level your agency will participate in wildland fire response and deployment.
• Inform your local and regional partners as to your agency’s level of commitment to wildland fire response especially if that is changed from last year.
• Be prepared to support your local public health AHJ in managing fire camps in your community if that possibility exists.
COVID19 Wildland Links

- https://sites.google.com/a/firenet.gov/fmb/home/covid19-portal
Coronavirus: What to be watching

- The Development of a State and local case tracking system
- Management of local COVID outbreaks in congregate settings. Do you need a strike team?
- Summer weather event preparedness
- COVID hospitalizations and deaths
- Your EMS volume
Watching Hospitalizations and Deaths

* Deaths include U.S. residents only.

Deaths in early 2020 compared with the average

SOURCE: CDC and USA Today Analysis
**Personnel Health and Safety**

Checking personnel mental health and need for breaks/vacations

Maintain and improve your member health monitor process

Masks in the station and gowns for low risk exposure coming off

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### Coronavirus: Your Staff

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Exposure Date:</th>
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<tbody>
<tr>
<td>Presumptive Date:</td>
<td>Confirmed Date</td>
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#### Symptom/Time

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Day 8</th>
<th>Day 9</th>
<th>Day 10</th>
<th>Day 11</th>
<th>Day 12</th>
<th>Day 13</th>
<th>Day 14</th>
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**Your Temperature**

- Runny Nose
- Sore Throat
- Dry Cough
- Runny Eyes
- Fever
- Short of Breath
- Any Other Symptoms?

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Coronavirus: Testing for the Virus

PCR = Polymerase Chain Reaction
More options coming, more volume, more speed

Covid-19
• Blood testing is becoming key to future waves
• Still with point of care antigen testing
• The application of antibody tests

<table>
<thead>
<tr>
<th>Test Results</th>
<th>Clinical Significance</th>
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<tbody>
<tr>
<td>PCR</td>
<td>IgM</td>
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<td>+</td>
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- COVID Planning for the Fall
  Better Processes
  More PPE
  Rapid Testing
  Full Hospitals – Hot or Cold. You need to be involved in that process

Scenario 2: Fall Peak
• COVID Planning for the Fall
The Problems: COVID, plus Flu, plus RSV, plus seasonal pneumonia
Full hospitals
Chiefs need to plan for flu vaccinations for members and the community
CIDRAP Recommendations

- States, territories, and tribal health authorities should plan for the worst-case scenario (Scenario 2), including no vaccine availability or herd immunity
- Government agencies and healthcare delivery organizations should develop strategies to ensure adequate protection for healthcare workers when disease incidence surges
- Government officials should develop concrete plans, including triggers for reinstituting mitigation measures, for dealing with disease peaks when they begin
- Risk communication messaging from government officials should incorporate the concept that pandemic will not end soon, and people need to prepare for possible periodic resurgences of disease over the next 2 years
Coronavirus: Planning for Future Waves

- A Second Shutdown is possible
- A busier system mixing with influenza and winter diseases
- Testing out of the hospital. Will you be involved?
- Our members need better protection, with the PPE situation addressed on this continent
- When will COVID vaccine be ready and safe? You will be involved.