

Wildland Fire COVID-19 Screening
Interim Standard Operating Procedures
04/15/2020

To: Fire Management Board and Non-Federal Wildland Fire Partners
From: COVID-19 Wildland Fire Medical and Public Health Advisory Team (MPHAT)
Date: 04/15/2020
Subject: COVID-19 Interim Screening Protocol for Wildland Fire Personnel

Purpose:

The interagency wildland fire community is committed to preventing the spread of COVID-19 and promoting the health and wellness of all wildland firefighters and support personnel. Consistent and continual monitoring of personnel is the first step in preventing the movement of potentially infected individuals and the spread of COVID-19. This memorandum establishes interim standard operating procedures and protocols for screening of wildland fire personnel at duty stations and during incident management activities to protect all personnel, appropriately manage potential COVID-19 infection, and reduce risk.

Background:

In December 2019, a novel (new) coronavirus known as SARS-CoV-2 was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19. The virus has now spread globally. Across the U.S., public health authorities have issued significant restrictions on public gatherings and implemented social distancing practices.

This disease poses a serious public health risk and can cause mild to severe illness; especially in older adults or individuals with underlying medical conditions. COVID-19 is generally thought to be spread from person-to-person in close contact and through exposure to respiratory droplets from an infected individual. Initial symptoms of COVID-19 can show up 2-14 days after exposure and often include: fever, cough or shortness of breath. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19

With the intent to sustain a viable, safe and effective wildland fire management workforce, (Federal, State, local and Tribal assets) during the COVID-19 pandemic, a preliminary measure is to establish common infection screening protocols utilized across the wildland fire community. The MPHAT has been established by the FMB with concurrence of the Fire Executive Council to address medical and public health-related issues specific to interagency administration of mission critical wildland fire management functions under a COVID-19 modified operating posture. The MPHAT includes interagency representation and interdisciplinary expertise (including CDC-NIOSH and medical professionals from USFS and DOI) to advise on all medical and public health related aspects of COVID-19 planning, prevention and mitigation. To that end an interim standard operating procedure has been developed and recommended by MPHAT for immediate adoption and utilization by wildland fire personnel at duty stations and wildland fire incidents to reduce the risk of disease through common screening protocols.

Rationale:

The scale and potential harm that may be caused by this pandemic meets the American Disabilities Act *Direct Threat* Standard.¹ Therefore, routine screening in the workplace is justified and warranted to prevent further community spread of the disease. By identifying, properly triaging, and managing personnel with exposures and these symptoms, personnel can reduce the spread and better mitigate COVID-19 infections among their workforce.

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Instructions:

The following screening guidance is recommended for adoption and implementation at duty stations and for all incident management activities across the interagency wildland fire community, as **frequently and extensively as possible**. Supervisors and incident managers should plan and resource accordingly to support the following SOP:

Pre-Mobilization

Supervisors should ensure personnel have no present symptoms of illness using the *Wildland Fire COVID-19 Screening Tool* prior to consideration of incident assignments. In addition to this initial screen, Supervisors should inform personnel going on assignments of ongoing routine daily screening on all incidents during COVID-19.

Arrival/Entry to Location

All resources accessing any entry point location will wash their hands. If soap and water are not available hand sanitizer may be used. Each resource will proceed to receive verbal screening using the *Wildland Fire COVID-19 Screening Tool* and if possible, have their temperature assessed using a touchless thermometer. Supervisors and incident managers should determine the number of personnel required to support the screening process and consider scheduling and/or staggering resource arrival times to minimize crowding at arrival/entry locations.

Daily Screening

All resources should be encouraged to report any emerging symptoms to their supervisor (Crew Boss, Unit Leader, Module Leader, Duty Officer, Division Supervisor, Floor Supervisor, etc.). In addition, supervisors should assess subordinates' health daily using the *Wildland Fire COVID-19 Screening Tool* to ensure no emerging symptoms. It is recommended the screening questions are asked of all personnel routinely throughout the day.

Positive Screenings

Persons with indications of illness prior to mobilization should be excluded from incident assignments until they meet the return to work criteria as described by CDC (7 days after the start of symptoms and at least 3 days after the last fever not requiring fever reducing medications, and symptoms are improving).

Persons found meeting sick criteria or found to be with fever on arrival at an incident entry location should not be allowed entrance and, as above, should be excluded from incident assignments until they meet the return to work criteria as described by CDC. Next steps should be coordinated with unit leadership, the medical unit and/or local health authority. Prior to release and return to home, individuals with signs or symptoms of illness posing a risk of COVID-19 transmission should be isolated in a separate location. This may require separate, dedicated and staffed areas/facilities to ensure that individuals with potential COVID-19 infection do not come in contact with other fire personnel.

Confidentiality of Medical Information:

Any medical information gathered is subject to ADA confidentiality requirements ^[3] ^[4].

Tools and Supplies

- Verbal Screening - use the *Wildfire COVID-19 Screening Tool*
- Temperature Checks - use only touch-less infrared thermometer if available.
 - Incident management personnel involved with screening should consider purchasing touchless thermometers prior to assignment. Incident emergency medical personnel are strongly encouraged to bring their personal touchless thermometers if available.
- Mask or Face Barrier - Current CDC guidance includes wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of

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significant community-based transmission. The use of simple cloth face coverings is recommended to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. As of April 2020, masks made from cloth material are considered acceptable facial barriers.

- Isolation - use separate facility, yurt or personal tent.
- Dedicated Wash Stations - Consider the number of dedicated wash stations and/or portable restrooms needed to maximally support each bullet above.

Personal Protective Equipment

The NFES 1660 – *Individual Infectious Barrier Kit* or NFES 1675 – *Multi-Person Infectious Disease Barrier Kit* (as needed) should be used under the following circumstances:

- Workers engaged in screening at arrival and entry location
- Workers helping to manage sick and/or asymptomatic personnel with recent COVID-19 interaction.
- Workers helping to sanitize infected areas, or any areas suspected of infection

Note: Appropriate techniques for using personal protective equipment including donning and doffing can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

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References:

- ^[1] 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>
- ^[2] Symptoms of Coronavirus <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- ^[3] Pandemic Preparedness in the Workplace and the Americans with Disabilities Act https://www.eeoc.gov/facts/pandemic_flu.html
- ^[4] 29 CFR § 1630.14 - Medical examinations and inquiries specifically permitted. <https://www.law.cornell.edu/cfr/text/29/1630.14>
- ^[5] DOI COVID-19 Risk Assessment & Decision Matrix for Managers https://doimspp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/DOI_COVID19_Decision_Matrix_Version4.pdf?csf=1&web=1&e=OwfTyf
- ^[6] 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>
- ^[7] Personnel in Mission Critical and Essential Function Positions <https://doimspp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/Mission%20Critical%20Position%20Exposure%20FAQ.pdf?csf=1&web=1&e=yMd8Gf>
- ^[8] 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-face-coverings.html>

Wildland Fire COVID-19 Screening Tool

DO YOU HAVE ANY OF THESE SYMPTOMS?

Today or in the past 24 hours, have you had any of the following symptoms?

- Fever, felt feverish, or had chills?
Repeated shaking with chills?
- Cough? Shortness of breath or difficulty breathing?
- Muscle pain? Headache? Sore throat?
- New loss of taste and/or smell?

In the past 14 days, have you had contact with a person known to be infected with the coronavirus (COVID-19)?

Take temperature with touchless thermometer if available

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INSTRUCTIONS FOR SCREENING

- If resource is positive for any symptoms prior to mobilization DO NOT MOBILIZE.
- At Entries – Consider the adequate number of personnel needed for screening. Although medical personnel are ideal, screeners do not have to be medically trained.
 - If resource is positive for any symptoms including fever (over 100.4) at entry DO NOT ANNOUNCE- ask to step aside.
 - Escort sick individual to isolation area.
 - Isolation support personnel should begin documentation. Have sick individual contact Supervisor for further direction.
 - Notify public health officials.
 - Have individual transported as appropriate.
 - Protect and secure any collected Personal Identifiable Information or Personal Health Information.