

WILDLAND FIRE COVID-19 SCREENING Interim Standard Operating Procedures

To: Fire Management Board and Non-Federal Wildland Fire Partners

From: COVID-19 Wildland Fire Medical and Public Health Advisory Team (MPHAT)

Date: 04/23/2020

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* Standard¹. 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.

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>

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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. The screening is meant to identify individuals that may have COVID-19. As a part of this screening, each individual should consider their typical level of fatigue while performing arduous work on a wildfire assignment so as not to confuse typical arduous work symptoms with those of COVID-19. 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. To maintain at least six feet of distance, physical barriers/dividers or rope and stanchion systems should be used between screeners and workers being screened. 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 (10 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. When accessible, also use the [CDC Self-Checker](#) to help make decisions about seeking appropriate medical care. 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.

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Confidentiality of Medical Information:

Any medical information gathered is subject to ADA confidentiality requirements²³

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.
- 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 (PPE) for Screeners:
 - If screeners need to be within six feet of workers, provide them with appropriate PPE based on the repeated close contact the screeners have with other workers.
 - Such PPE may include gloves, a gown, a face shield, and, at a minimum, a face mask.
 - N95 filtering facepiece respirators (or more protective) may be appropriate for workers performing screening duties and necessary for workers managing a sick employee in the work environment (see below) if that employee has signs or symptoms of COVID-19. If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)).
 - These items can be found in: NFES 1660 – *Individual Infectious Barrier Kit* or NFES 1675 – *Multi-Person Infectious Disease Barrier Kit*
 - 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>

² Pandemic Preparedness in the Workplace and the Americans with Disabilities Act
https://www.eeoc.gov/facts/pandemic_flu.html

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

WILDLAND FIRE COVID-19 SCREENING TOOL

Today or in the past 24 hours, have you had any of the following symptoms¹?

Symptom
Cough more than expected?
Shortness of breath or difficulty breathing?
Fever? Chills?
Muscle pain, outside your normal for firefighting?
Sore throat?
New loss of taste or smell?
Fatigue, outside your normal for firefighting?
Headache, outside your normal for firefighting?
Congestion or runny nose, outside your normal for firefighting?
Nausea or vomiting
Diarrhea
<i>* Take temperature with no-touch thermometer, if available *</i>

Instructions for Screening

Item	What to Do
If resource has a cough that is more than expected, shortness of breath or difficulty breathing, or any other symptoms listed.	DO NOT MOBILIZE
At Entries: Consider adequate number of personnel needed for screening. Although medical personnel are ideal, screeners do not have to be medically trained. If resource has cough, shortness of breath or difficulty breathing, or any other listed symptoms including fever (over 100.4) at entry.	DO NOT ANNOUNCE Ask individual to step aside and follow the steps below.

Steps to follow
Escort symptomatic individual to isolation area.
Isolation support personnel should begin documentation.
Have symptomatic individual contact Supervisor for further direction.
Notify public health officials.
Have individual transported as appropriate.
Protect and secure any collected Personal Identifiable Information (PII) or Personal Health Information (PHI).

¹ Symptoms of Coronavirus

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

ADDITIONAL RESOURCES

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://doimsp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/DOI_COVID19_Decision_Matrix_Version4.pdf?csf=1&web=1&e=OwfTyf

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://doimsp.sharepoint.com/:b:/r/sites/doicov/Shared%20Documents/Mission%20Critical%20Position%20Exposure%20FAQ.pdf?csf=1&web=1&e=yMd8Gf>

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>