

Texas A&M Forest Service

COVID-19 Pandemic



Wildland Fire Response Plan 2020

## Record of Changes

The uncertainty associated with the COVID-19 pandemic and the ongoing development of standard protocols and practices, - and other changes to existing standards for wildland fire response - necessitates that this Wildland Fire Response Plan be a living document and subject to updates as new or more current information emerges. The following Record of Changes represents the process to log the dates, source of change, details of the modification, and the date that the modification was added/updated in the plan. This will be the single point source for documentation of WFRP version updates. The first version of this document was published on April 24, 2020 and all subsequent version changes are documented in the table below.

Date	Source	Change	Date Added to WFRP
4/24/20		Completed WFRP Submitted to TFS Leadership	

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## 1 Introduction

This Wildland Fire Response Plan (WFRP) has been developed to provide guidance and considerations for maintaining continuity of wildland fire response in the presence of the COVID-19 pandemic for the 2020 fire year in the State of Texas. This WFRP was developed using the Southern Area WFRP to provide guidance to all normal resources utilized in the Operations Section while fighting wildland fire in Texas. The WFRP for the Southern Area has further information regarding all wildfire response functions and it is recommended that you review it if further guidance is needed. This WFRP is a living document and will be updated as needed.

## 2 General Information

- Follow the most current direction from the Center of Disease Control and local health authority, which currently provides the following: Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to COVID-19 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work.)
- Ryan White HIV/AIDS Treatment Extensions Act (2009) has been expanded to include COVID-19. The Act (Part G) provides Emergency response employees (EREs) with notification (normally a violation of HIPPA regulations) when they are at risk of exposure to potentially life-threatening infectious diseases through contact with victims during emergencies. Knowing this information allows EREs the opportunity to seek timely medical care, and to make informed decisions about addressing potential health issues arising from their exposures. Health/medical personnel may be unaware of this provision and reluctant to provide information due to HIPPA regulations.
- We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.

### 3 Prevention

- Practice social distancing when possible.
- Personnel should keep a log of who they come in close contact with.
- Wear a facemask, bandana, or other suitable cloth covering when social distancing is compromised. Follow CDC guidelines on face coverings.
- Practice personal hygiene: wash hands frequently or after touching common surfaces; do not touch eyes, nose, mouth with gloved or unwashed hands; cover nose and mouth when coughing or sneezing; if using a tissue, immediately dispose the tissue and wash or sanitize hands.
- Implement COVID-19 Screening daily (Section 13). If you feel sick stay home.
- Conduct virtual briefings using available technology (radios, computer tablets, zoom calls, etc.), or brief maintaining social distancing and utilizing sound systems.
- Include COVID-19 mitigation in briefings and safety messages.
- Minimize the number of employees ridesharing per vehicle.
- Set vehicle ventilation on non-recirculated mode to maximize air exchanges that reduce potentially infectious particles in the vehicle.
- If the vehicle has rear passenger windows or a rear window, open it to draw air away from the front cab and out of the vehicle.
- Limit driving of vehicles to essential activities.
- Use appropriate PPE while at fueling stops, rest areas, and other necessary business areas. Use hand sanitizer when getting in and out of vehicles and after fueling.
- When using public facilities, be reminded that there is nothing to indicate the health of those there before you.
- Frequently (daily or after each use) clean all equipment and vehicles to reduce possible virus contamination (see Section 9).
- Be prepared to be self-sufficient for several days including potential remote/spike camp location. (72 Hours)
- Manage access of non-TFS personnel to facilities, vehicles and equipment.
- Establish laundry protocols appropriate with the work environment that allows for cleaning of uniforms and PPE as often as possible.
- Other steps to reduce personal risk
  - Eat smaller, more frequent meals that include fruits and vegetables to maintain blood sugar and support immune system.
  - Consume appropriate calories to support activity levels and regular body function.
  - Stay hydrated, drink water at regular intervals throughout the day.
  - Avoid stimulants near bedtime.
  - Provide a sleep environment that promotes sleep quality, comfort, cool temperatures, and low noise.

## 4 Incident Response

- Screen all crew members for symptoms of COVID-19 prior to mobilization (Section 8).
- Be self-sufficient during mobilization and demobilization to and from incidents (food, hydration, lodging) to avoid general population exposure.
- If you operate a vehicle or other mechanized equipment, clean and disinfect all the surfaces you touch before and after you use it following established cleaning protocols.
- Minimize crew personnel involved in check-in.
- Consider limiting briefings to key overhead positions; include COVID-19 measures in all briefings and AARs.
- Maintain separation from other resources in briefing areas, sleeping areas, food service, supply, staging and other areas of typical congregation.
- Consider ordering additional cache items (e.g. MREs, PPE) to maintain self-sufficiency.
- During tactical operations, maintain separation from other resources as much as possible.
- Use suppression strategies that limit inter-unit (squad, module, engine, etc.) human contact to the greatest extent possible
- Maintain personal spacing within crew during suppression operations.
- Avoid sharing tools, water, radios, etc.
- Rely on electronic communication in place of face-to-face, when possible.
- Maintain reasonable personal hygiene throughout the operational period (recognizing that the firefighting environment is inherently dusty and dirty).
- Consider limiting on-scene personnel through judicious use of heavy equipment and aircraft.
- Utilize fewest resources necessary to accomplish mission to minimize exposure to COVID-19.
- When evaluating mop-up standards, consider reducing close interpersonal contact and smoke exposure.
- Mop-up should be carefully considered and terminated when risk of escape is low and (if escape occurs) low likelihood of damage to high value assets and/or public safety.
- Allow time for washing and cleaning of tools and equipment at the end of shift.
- Expect changes in how business is conducted, time frames and methods will be different.
- Ensure all personnel conduct a self “COVID-19 Screening” (Section 13) at the beginning and end of each shift.
- Fireline supervisors will monitor assigned personnel for COVID-19 symptoms.
- Check for special COVID-19 restrictions for the area you are responding to.

## 5 Exposure Response

- Follow the most current direction from the Centers for Disease Control and Prevention and local health authorities. Implement team or local unit exposure response plan.
- Communicate with your supervisor immediately.
- Use approved and recommended testing procedures and guidelines.
- Ensure personnel are tested as soon as symptoms appear.
- “Module as One”: Module as One – refers to consideration of a module of firefighters as a single individual for purposes of potential COVID-19 exposure and transmission. Modules may range from 2-10 individual firefighters. A “module of one” rides together in the same vehicle and consequently cannot practice social distancing during vehicle transport. A “module of one” works together in relatively close proximity while conducting fire assignment duties. Fire managers, IMTs and fireline supervisors should consider all module members exposed if one of the module members has been exposed. During a mobilization (departure from until return to home unit) a module must remain as intact as possible (only rotate or backfill module members if absolutely necessary).

## 6 Positive Infection

- Isolate and evacuate to a pre-determined site or hospitalize (as conditions warrant).
- Review contact log and follow-up appropriately.
- Require appropriate PPE for all interaction with infected individuals.
- Transport of infected individuals should be via qualified EMS personnel or fire personnel in full PPE recommended for protection from COVID-19 by federal, state, and local health authorities.
- Notify immediate supervisor of the situation.
- Follow local agency and cooperator guidelines for notification procedures.
- Consider using a text alert system to notify firefighters who have had possible contact with an infected person.
- Sanitize equipment, including vehicles, used by infected individuals.
- Follow local health authority or attending physician’s guidelines for recovery (generally 14 days from the onset of symptoms), returning to service employees will continue to follow all guidelines.
- Return to service following recovery, do not assume the individual is immune from the virus, continue to follow all protocols.

## 7 Contingency Planning

- Determine and monitor availability of COVID-19 testing kits.
- Determine and communicate state and local guidelines for testing personnel.
- Determine and acquire a supply of approved products for use in decontamination/sanitation of equipment

## 8 Symptom Monitoring

- **Emergency warning signs** for COVID-19 include trouble breathing, persistent pain or pressure in the chest, confusion, and/or bluish lips or face. If these or other symptoms that are severe or concerning present, **get medical attention immediately**. If possible, put on a cloth face covering before medical help is administered.
- General symptoms include fever (100.4° F or greater), cough, and/or shortness of breath, but may also include fatigue, chills, aches, sore throat, or loss of taste and/or smell, or otherwise unexplained gastrointestinal issues.
- Monitor the temperature of all personnel and watch for symptoms (fever is the most commonly presented). Ensure touchless infrared thermometers are available for use.
- Implement Wildland Fire COVID-19 Screening (Section 13) when entering on duty at the home unit or arrival at the incident.
- If screening yields a positive result (positive screening), those Individuals should be removed from work and tested as soon as possible. If testing shows positive, those individuals should be released from the assignment until they meet the return to work criteria as described by CDC. Refer to the following sections on Testing and Positive Infection for further details.
- Individuals who test negative were probably not infected at the time the sample was collected and can return to work, although a negative test result does not rule out getting sick at a later date.
- If an individual who is part of an established module screens positive, the entire module should be tested as soon as possible. The same process for removal or return to work applies for the module for negative or positive results.
- Prior to release and return to home, positive screenings 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.
- Next steps, including testing, should be coordinated with unit leadership, the medical unit and/or local health authority.
- Use appropriate PPE and social distancing protocols when entering the environment or in the presence of symptomatic personnel or positive screenings.



- The NFES 1660 – Individual Infectious Barrier Kit or NFES 1675 – Multi-Person Infectious Disease Barrier Kit (as needed) should be used by workers engaged in screening, workers helping to manage sick and/or asymptomatic personnel with recent COVID-19 interaction, and workers helping to sanitize infected areas, or any areas suspected of infection. Training and/or education for workers on donning, doffing, and disposal of such PPE is recommended.
- Develop a contact plan that includes a medical evaluation (e.g., COVID-19 testing) for symptomatic/positive-screening off-duty personnel.
- Provide any quarantined individual with a home thermometer, check in daily by phone to monitor symptoms, help with any logistical needs such as groceries, and give encouragement.
- Monitor employees for symptoms for a 14-day period following a suspected COVID-19 contact or exposure. Follow up with suspected exposure source. Have individuals tested and, if negative, allow personnel that had close contact to return to duty.

## 9 Vehicle Cleaning

From “How to Reduce the Risk of the Coronavirus in Your Vehicle”

### Have the Right Tools

While there isn't yet a vaccine for COVID-19 in people, the good news is that it is possible to disinfect and kill the virus on external surfaces. There are several ways to prepare your vehicle to be especially clean and safe during the outbreak. Experts recommend using disposable gloves while cleaning or dedicating reusable gloves for COVID-19 disinfection purposes only.

Most common EPA-registered household disinfectants will work. Be sure to read the labels to make sure the cleaner is safe to use on the different surfaces in your vehicle. We recommend keeping a tube of disinfectant wipes in the vehicle as an easy and effective preventive measure.

The CDC has recommendations for homemade bleach and alcohol solutions given that many brand-name disinfectants have been in short supply.

### Focus on Common Vehicle Touchpoints

You'll want to clean the places you come into contact with the most. Besides the obvious places such as a door handle, key fob or steering wheel, the most important part of the interior to keep clean is the dashboard., according to Charles P. Gerba, a professor of microbiology and public health at the University of Arizona. "That's the worst site in terms of total number of bacteria," Gerba said. "Air is constantly being sucked over and circulated inside the car."

Other places to clean include the inside door buttons, seat belts, gear shifters and touchscreens. How often should you do this? While your individual circumstances with your vehicle will vary, the CDC recommends cleaning and disinfecting touched surfaces daily.

The outside of the car is less susceptible to carrying the virus, said Gerba. That's because the sun and outside weather can shorten its life span. However, it is still a good idea to clean door handles and other exterior touch points. Gas pump handles and keypads at gas stations are also locations to be wary of.

Use disposable paper towels and approved cleaning solution, or wipes for cleaning if possible. Wipes – not sprays – are recommended to avoid aerosolizing the virus on contact.

## 10 CDC Disinfecting Guidelines

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.**  
**Follow the instructions on the label** to ensure safe and effective use of the product.  
Many products recommend:
  - Keeping surface wet for a period of time (see product label)
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- **Diluted household bleach solutions may also be used** if appropriate for the surface.
  - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
  - Unexpired household bleach will be effective against coronaviruses when properly diluted.  
**Follow manufacturer's instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.  
**Leave solution** on the surface for **at least 1 minute.**

**To make a bleach solution, mix:**

  - 5 tablespoons (1/3rd cup) bleach per gallon of water  
OR
  - 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol may also be used.**
- EPA-registered household disinfectants:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

## 11 Lodging

- Camp when possible to avoid possible contamination.
- When utilizing hotels, each person should have their own room.
- Follow guidelines for cleaning/disinfecting surfaces when staying in motels/hotels.

## 12 Crew Swaps and Backfills

- Keep personnel in the same vehicle, with the same crewmembers throughout an assignment when possible.
- Ensure new personnel have complete the “COVID-19 Screening” personal health check.
- Clean, disinfect, and air-out vehicles and equipment completely before transitioning.
- Follow social distancing when briefing and transitioning with new personnel. Share documents electronically and brief over radio or phone when possible.

**Wildland Fire COVID-19 Screening Tool**  
**Interim Standard Operating Procedures**  
**4/15/2020**

**NOTE: This Screening Tool represents interim guidance. Additional clarification will be coming as soon as it is defined.**

**DO YOU HAVE ANY OF THESE SYMPTOMS?**

Today or in the past 24 hours, have you had a fever or a combination of more than one of the other any symptoms listed below **in addition to your normal work-related issues?**

- 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?

If in doubt about any of these symptoms, consult a Physician.

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\**

**Wildland Fire COVID-19 Screening Tool**  
**Interim Standard Operating Procedures**  
**4/15/2020**

**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

References:

Wildland Fire Response Plan, COVID-19 Pandemic, Southern Area

<https://gacc.nifc.gov/sacc/resources/sa-final-covid-19-wfrp-002.pdf>

“How to Reduce the Risk of the Coronavirus in Your Vehicle” by Ronald Montoya

<https://www.edmunds.com/car-safety/how-to-reduce-the-risk-of-the-coronavirus-in-your-vehicle.html>

CDC- “Cleaning and Disinfecting Your Home”

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>