

## Appendix A – All Fire Personnel Best Practices

### **General Information**

- Follow the most current direction from the Centers for Disease Control and Prevention (CDC) and local health authority, which currently includes 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 from 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 HIPAA regulations) when they are at risk of exposure to potentially life-threatening infectious diseases through contact with victims during emergencies. 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 HIPAA 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.
- Although not directly researched or tested, the exposure to wildfire smoke may potentially increase susceptibility to COVID-19, may worsen severity of the infection, and may pose a risk to those who are recovering from serious COVID-19 infection. These concerns are based on research into the respiratory effects of acute and long-term air pollution and specifically respiratory effects of biomass burning smoke and subsequent infection with influenza and other viruses.

### **Best Practices**

- Social/physical distancing
  - Avoid physical contact with co-workers and the public; maintain a 6’ spacing.
  - Consider appropriate mitigation measures or PPE (plastic shields, facemasks) for personnel that have greater potential for close contact with incoming responders.
  - Assign vehicles to firefighters and avoid cross-over of employees and belongings.
  - Discourage shared use of phones, radios, office supplies and pens, or other work tools and equipment.
  - Conduct group meetings virtually with available video-, tele-conferencing, and file sharing applications or limit groups to numbers in compliance with state and local health authority direction (some states are limited to smaller groups).
  - Limit access to facilities for all non-fire personnel.
  - Require personnel to keep a log of close contacts and submit to supervisors daily. Close contact is defined as being within approximately 6 feet of an individual for a prolonged

period or having direct contact with potentially infectious secretions from an individual (e.g., being coughed or sneezed on).

- Wear a facemask, bandana, or other suitable cloth covering when social distancing is compromised (e.g., in vehicles, briefings).

➤ Face coverings

- As of April 3, 2020, CDC has updated its recommendation on the use of cloth [face coverings](#) to help slow the spread of COVID-19.
- Voluntary use of cloth face coverings is now recommended for use in public settings where other social distancing is difficult to maintain, especially in areas of significant community-based transmission.
- Face coverings should be maintained in a sanitary manner (i.e., laundered without damage or change to shape) and should not be distracting or offensive to others.
- Face coverings should fit snugly but comfortably against the side of the face; be secured with ties or ear loops, include multiple layers of fabric; allow for breathing without restriction; and be able to be laundered and machine dried without damage or change to shape.

➤ Personal hygiene

- Wash hands frequently for at least 20 seconds, with soap, after coughing or sneezing, when hands are visibly dirty, or after touching common surfaces (doorknobs, desktops, etc.).
- Provide handwashing stations near frequently entered facilities.
- Consider the number of dedicated wash stations and/or portable restrooms needed to support each bullet above.
- Use hand sanitizer when getting in and out of vehicles and after fueling.
- Do not touch eyes, nose, mouth with gloved or unwashed hands.
- Cover nose and mouth (e.g., use crook of the elbow) when coughing or sneezing. If using a tissue, immediately dispose the tissue and wash or sanitize hands.

➤ PPE laundry – regular basis

- Ensure clothing/PPE is kept clean and replaced when suspected contamination occurs.
- On assignment, change PPE as often as practical (dependent on availability, laundry service, etc.).
- Wipe down all non-laundered apparel (shoes, wristwatches, jewelry, etc.) with disinfectant.

➤ Workplace/equipment cleaning procedures

- Develop routine daily cleaning procedures for places of work and rest, vehicles, and other equipment. Consult CDC guidance for everyday [cleaning/disinfection](#).
- Use disinfectants on the list of [EPA approved cleaning supplies for COVID-19 prevention](#).
- [Follow label instructions and use PPE \(e.g., gloves, eye protection\) appropriate for the disinfectant being used.](#)
- Designate a trained employee to oversee daily cleaning procedures.
- Ventilate vehicles during and after transport.

- Disinfect all “high-touch” surfaces in rooms and on equipment. In vehicles, these may include keys, door handles, steering wheel, gear shifter, radio and temperature controls, seatbelts, window controls, seats, and dashboard.
  - If surfaces are noticeably dirty, clean soiled surfaces with detergent or soap and water before disinfecting them.
  - Follow CDC and local protocols to mitigate contact with bodily fluids, including the cleaning or disposal of PPE and equipment.
  - Use disposable paper towels with appropriate cleaning solutions, or wipes, for cleaning; towels/wipes – not sprays – are recommended to avoid aerosolizing germs on contact.
  - Thoroughly wet surfaces with cleaning solution and air dry; do not actively dry surfaces.
  - Wash hands thoroughly after cleaning equipment, surfaces, etc.
- Travel/transportation
- Minimize contact with non-fire personnel and time in public areas while travelling.
  - When using public transportation such as commercial aviation, use proper PPE to minimize exposure.
  - Follow guidelines for cleaning/disinfecting surfaces when staying in motels/hotels.
  - Stay in your hotel room to the extent possible and wipe down high touch areas.
  - Consider eating in your hotel room, utilizing take out or delivery. Maintain social distancing when eating while on the road.
  - Follow guidelines for cleaning/disinfecting vehicles.
  - Disinfect nozzles and keypads before fueling vehicles.
  - Consider use of rental RVs that can also be used for office space.
  - Have a three-day supply of water and MREs for each person if driving.
  - Maintain a manifest if travelling with others.
  - Expect fewer restroom facilities as you travel to an incident. Some states have closed visitor centers while others remain open. Many food service businesses are now drive thru only. Most vehicle service stations are open.
  - When using public facilities, be reminded that there is nothing to indicate the health of those there before you.
- Work under the “Module as One” concept
- Minimize exposure by not mixing personnel (e.g., same personnel assigned together for the entire season, on same schedule, to same vehicle, on same assignments, in same camp).
  - Use the Module as One concept when assigning vehicles to firefighters and during transit to and from incidents.
- Other steps to reduce personal risk
- Eat smaller, more frequent meals that include fruits and vegetables to maintain blood sugar and support the 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 (i.e., comfort, cool temperatures, clean air, and low noise).

➤ Symptom monitoring/COVID-19 screening

- **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.
- As a follow-up to showing symptoms, assess qualitative exposure to wildfire smoke, duration and relative (H/M/L) smoke level. Continue follow-up for cases resulting in hospitalization.
- 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* ([Appendix C](#)) 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.

- Testing
  - Use approved and recommended testing procedures and guidelines.
  - If testing is available, ensure personnel are tested as soon as symptoms appear.
  
- Positive infection (test result)
  - Isolate and evacuate to a pre-determined site or hospitalize (as conditions warrant).
  - Require appropriate PPE for all interaction with infected individuals. Except in the case of specially trained medical/decontamination personnel, employee contact with known infection should be limited to only absolutely necessary instances.
  - 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.
  - Review contact log and follow-up appropriately (i.e., contact tracing).
  - Review wildfire smoke exposure leading up to symptoms.
  - Follow local agency and cooperator guidelines for notification procedures.
  - Consider using a text alert system to notify personnel who have had possible contact with an infected person.
  - Disinfect equipment, including vehicles, used by infected individuals. Recognize that proper PPE use for COVID-19 decontamination requires training by an experienced instructor.
  - Options for contaminated facilities include (1) time: close affected facility for 7 days to allow any virus to attenuate naturally, (2) use of a qualified contractor to clean facility, (3) use of a pre-identified, specially trained team of local agency personnel to decontaminate the facility.
  
- Recovery
  - Follow CDC, local health authority, or attending physician guidelines for recovery.
  - Maintain regular phone contact with recovering individuals.
  - Return to service following recovery, but do not assume a recovered individual is immune to the virus.
  - Returning-to-service employees will continue to follow all guidelines.
  
- 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. [CDC](#)