

**CALIFORNIA WILDLAND FIRE COORDINATING
GROUP**



**California Interagency
Incident Management Team**

***Incident Response Guide in the
COVID-19 Environment***

**Incident Commander
Deputy Incident Commander**

Table of Contents

<u>Introduction.....</u>	<u>3</u>
<u>Incident Commander.....</u>	<u>4</u>
<u>Liaison.....</u>	<u>5</u>
<u>Public Information.....</u>	<u>7</u>
<u>Safety.....</u>	<u>8</u>
<u>Operations Section.....</u>	<u>10</u>
<u>Logistics Section.....</u>	<u>14</u>
<u>Planning Section.....</u>	<u>29</u>
<u>Finance Section.....</u>	<u>38</u>
<u>Appendix A: Personnel Travel Kit.....</u>	<u>40</u>
<u>Appendix B: Communications Unit BMP.....</u>	<u>40</u>
<u>Appendix C: NMAC 2020-13 Availability of PPE and Pandemic Support Items through the NISC System:.....</u>	<u>44</u>
<u>Appendix D: PNW Responses to COVID-19 Exposures or Suspected Exposures.....</u>	<u>47</u>
<u>Appendix E: Daily ICP Infectious Disease Go / No Go Checklist.....</u>	<u>58</u>
<u>Appendix F: Wildland Fire COVID-19 Screening Tool.....</u>	<u>60</u>
<u>Appendix G: R 5 Pacific Southwest Region COVID-19 Response Action Process.....</u>	<u>61</u>
<u>Appendix H: DOI COVID-19 Decision Matrix.....</u>	<u>62</u>
<u>Appendix I: MEDL Operational Plan.....</u>	<u>63</u>

Introduction

Objective: Develop a sustainable model for mobilizing, managing, and demobilizing a large incident that maximizes virtual technology and minimizes risks to incident responders, families and friends back home, and the general public in a COVID-19 pandemic environment.

This guide is to serve as a reference for Team X regular team members and as an introduction for alternate and/or substitute members outlining how our team functions. This guide captures working guidelines and key items that help us work efficiently and effectively. It is not intended to duplicate existing documents policies or guidelines but is meant to tier to the Pacific Southwest Region's Fire Response Plan for the COVID-19 Pandemic.

Each IMT Section will identify and provide the rationale for the following:

1. Those rostered IMT positions suggested for deployment to an incident physically on-site (In Person or Remote) and those that can achieve duties virtually.
2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.
3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.
4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.

There are three levels of presence that are applicable to the Sections.

1. **In Person Position**: Individual will be expected to interact on an in-person basis with personnel on a day to day basis.
2. **Remote**: Individual will be on the incident at a remote location such as an airport or hotel. Expected to have the ability to quickly interact on a face to face basis with personnel.
3. **Virtual**: Individual must be dedicated to full time performance of incident duties but can work from a virtual location. No face to face interaction is expected other than via video conference.

Culture and Intent:

This Guide will ensure we have a framework established as an IMT in alignment with the incidents needs. We recognize that incidents will be different with the COVID-19 pandemic. We need to convey that COVID-19 is a hazard not unlike other hazards that need to be mitigated. We will address the behavior patterns, procedures and routines that we must mitigate to minimize the vectors for COVID-19 to the best of our abilities. We will have plans in place for actions to take when there is a positive case of COVID-19 during an incident.

The "Module of One" concept will be utilized extensively. If you are riding together then you are considered a "Module of One". If one individual gets sick then the entire

“Module of One” will be quarantined. It is imperative to spread out resources, work apart or have backup “Modules of One” to continue to function in the capacity of the individuals that may have to be quarantined.

Social distancing at Planning Meetings, Strategy and Tactics Meetings and between resources will be adhered to the best of our abilities. COVID-19 mitigations will be a part of all incident meetings.

We will strive to refine who needs to be in person, remote or virtual once we gather intelligence from the Agency Administrator and Fire Chief. We will also gather intelligence to identify the current COVID-19 situation of the area affected including the areas at risk and the values to be protected.

We need to take into consideration the “Five Rights” (Plan, Place, Time, Assets and Duration) and adjust our approach to the needs of the incident in light of minimizing exposure under COVID-19 conditions.

Don't let COVID-19 run the Incident, manage the incident to minimize exposure of COVID-19.

Incident Commander

- 1. Those rostered IMT positions suggested for deployment to an incident physically on-site (In Person or Remote) and those that can achieve duties virtually.**

The CIIMT ICs (IC, Deputy IC, and IC Trainee) will all travel to the incident location in separate vehicles. The use of the Deputy IC as a back-up may operate on-site but separate (“module of one”) or located off site with other team members so that there can be a seamless transition of command should the IC become unavailable. All of the Incident Commanders would maximize the use of virtual technology in order to stay fully engaged and situationally aware. Social Distancing and mitigation efforts will continue to be honored through the incident from the Incident Commander position. The use of masks, handwashing, and distancing will be encouraged and enforced.

- 2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.**

The ICs will utilize all technology available including teleconference, video conference, mobile mapping applications, radio and in person meetings to stay engaged with the incident. ICs will seek out new options that support the incident and to give better coordination and quality communication as improvements are made in the industry.

- 3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.**

Emphasized the mitigation measure defined in Appendices.

Discuss the Agency Administrator’s expectations and concerns with the incident personnel exposing the community to the virus and vice a versa?

- 4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.**

Persons operating at dispersed, virtual and remote incidents locations can make consistent communications more difficult. Assuming needs described in #2 are met, there are no obstacles that cannot be overcome for command of an incident. Generally, for CWCG, it will be critical to have another IMT in staging ready to replace a deployed IMT in the field should the IMT become significantly compromised by COVID-19 exposure. Ensure communications are consistent with C&G if those persons are remote. Don’t let COVID-19 run the Incident, manage the incident to minimize exposure of COVID-19.

Liaison

1. **Those rostered IMT positions suggested for deployment to an incident physically on-site (In Person or Remote) and those that can achieve duties virtually.**
 - LOFR = Remote or Virtual depending on incident dynamics
 - LOFR = Onsite

2. **The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.**
 - Dedicated conference call lines available to externals.
 - Video conferencing capabilities (i.e. FireNet365 Teams, Zoom Pro/Business subscription, Google Meet, Outlook Teams).
 - Recorded/cached briefings (YouTube Live Stream, Facebook Live, FireNet365 Teams), GIS products on ARC GIS Online (AGOL) with dashboards established for cooperators, and messaging to empower cooperators & partners on their own unique timeframes (These materials may be produced by the Plans Section or the Information Officers)
 - Laptops/cell phones/hardline phones with conference call capabilities hot spot devices updated with compatible software. Federal resources will need to have access to the video conferencing and technology tools being used by local cooperators and assisting agencies.
 - GIS Avenza map or ESRI story map/dashboard conversion of incident information for non-fire cooperating and assisting agencies.
 - Liaison Officers will need to use personal printers/paper/thumb drives as opposed to traditional team cache (intended for multiple users).
 - Direct communication line to Planning OPS or OPS to communicate issues of immediate importance to the stakeholders and cooperators. This communication line should also be reinforced through participation in meetings and briefings throughout the planning cycle.

3. **Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.**
 - Conduct as much work as possible utilizing technology to attend virtual cooperator meetings and share information with participating agencies.
 - Identify and establish relationships with cooperators including local hospitals and clinics, local and/or county public health officers, regional healthcare coalitions, local, regional or state EOCs and MACs, Hospital Liaison Officers, AHJ, and or other government officials as necessary.
 - Provide participating agencies and other cooperators the IMT COVID-19 protocols.
 - If onsite Cooperators/Assisting agency meetings must be held, ensure sufficient space, seating, and ventilation is available to allow for current social distancing protocols. Provide at these meetings hand sanitizing stations and face coverings for attendees as per current guidelines. Coordinate with

Logistics personnel to ensure cleaning/disinfecting protocols are adhered to before and after each meeting. Attendees shall be screened before entering into closed facilities using the **Wildland Fire COVID-19 Screening Tool**.

- Authorize/provide separate vehicles for all on-site Liaison Officers working at the incident.
- Assist the Safety Officer and Medical Unit to gain information regarding the capacity and integrity of the local and regional healthcare system(s).
- Work with Safety Officer and Medical Unit to identify local facilities for rapid testing for incident personnel possibly infected with the COVID-19.
- Work with Logistics to identify local facilities for possible quarantine /isolation of incident personnel infected following current quarantine/isolation guidelines.
- If deployed at the incident site, be prepared for multiple days of self-sufficiency with food, water, clothes, cleaning/disinfecting supplies, etc.
- Be prepared for multiple days of self-sufficiency with necessary office equipment and supplies: printer, computer, paper, cellphone, hot spot, etc.

4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.

- Prebuilt initial contact list for high probability cooperators/partners to be requested at time of team activation from the requesting agency.
- Potential communication overlaps within sections – Solved by unified, coordinated initial contact plan.
- Resources assigned to the incident will need clear direction related to how they are to interact with residents, assisting agencies, cooperators and the general public. Request that these items be included in the delegation of authority:
 - Local COVID-19 guidelines, orders, and protocols.
 - Firefighters may/may not frequent local stores for non-incident supplies.
 - Visitors/Cooperators/VIPs visiting the fire camp.
 - Availability of local hosting unit hospital liaisons that can meet with ill/injured personnel (including those with suspected cases of COVID-19) at the local hospital or isolation/treatment facility and work with the Incident Management Team to ensure their needs are met from initial contact to transportation back to their agency home unit.
- LOFR's do have the capacity to provide support to other sections that have a very high percentage of tasks that can be performed from virtual/remote locations. Simply capturing what these needs are will be a unique task for each incident. A clearly defined list of divided tasks/contacts will be essential.

No table of contents entries found.

Public Information

- 1. Those rostered IMT positions suggested for deployment to an incident physically on-site (In Person or Remote) and those that can achieve duties virtually.**

Lead and Deputy Lead PIO need to be on-site using a “Module of One” concept should the Lead or Deputy become incapacitated. Trapline managers would need to be on-site but could be “spiked” near their traplines and not stay in camp. Some traplines could be eliminated if cooperating agency offices, post offices, county/city offices and commercial establishments would agree to publish and post for the public to see at their respective locations. The rest of the PIO duties could be done virtually or remotely – info posting on various websites, Facebook Live meetings and responding to email and phone calls.

- 2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.**

The logistical and technical support needs would be similar regardless of whether on-site or virtual. Internet access is paramount for the PIO section to be successful. InciWeb, Facebook, Twitter and press releases all require reliable and fast internet access. Google Voice is used to establish an incident contact number for the public to use. Cell numbers can be added and removed easily. A livestreaming service through Facebook for virtual public meetings may be required.

- 3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.**

Most PIO functions can be completed virtually or remotely. Traplines, considered essential for effective message distribution by most PIOs, present the main challenge to mitigation efforts. One mitigation measure would be to house trapline PIOs off camp. They would require lodging, meals, internet and printer access in order to function effectively.

- 4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.**

The main obstacle would be lack of or slow internet. Internet is the backbone for incident information being able to function remotely. Another would be non-agency personnel having access to computers if they are unable or unwilling to use their own. Lastly, we’ve determined a minimum of three people are needed to conduct a Facebook Live public meeting. If three PIOs are not on-site, out of section support would be required.

Safety

1. Those rostered IMT positions suggested for deployment to an incident physically on-site and those that can achieve duties virtually.

Safety Officers, both in camp and on the line, cannot perform their role within the organization virtually. Although a few of the tasks may be performed virtually (i.e.: IAP parts and Incident Risk Analysis) the safety oversight they provide on the incident requires that they mobilize with the team and be located at the incident. ICP Safety Officers have utilized fireline safety officers to engage with the line resources and provide intelligence on fireline issues and gather information during an Incident Within an Incident (IWI). Despite COVID-19 concerns this remains a critical resource.

At the ICP, the Safety Officer roles can be divided into two separate functions. The primary role of providing operational briefings, producing IAP parts, collaborating with Operations to produce an Incident Risk Analysis etc. would be handled by one group Safety Officer. The other group Safety Officer would focus on COVID-19 issues, and ensure that mitigations are consistent with Appendices, Safety, Incident Response Guidelines. Additionally, they would be able to collaborate with other functions i.e. Logistics, MEDL, and Liaison to address COVID-19 concerns.

Note: Although a designated virtual Safety Officer is not identified, it may be appropriate to identify one, to at least experiment with the idea and test the viability of such a position.

2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.

NAME	Position	Support Needed	Tech Needs
Lead Safety (1)	SOF	PPE – face covering	Laptop/printer/cell phone
Team Safety (2)	SOF SOF	PPE – face covering PPE – face covering	Laptop/printer/cell phone
Safety Trainee if available (3)	SOF2(t) SOF2(t) SOF2(t)	PPE – face covering PPE – face covering PPE – face covering	Laptop/printer/cell phone

3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.

Safety is a small section and the individuals are self-sufficient and flexible in performing our tasks. We require sufficient space to allow for the recommended social distance between individual work locations. The Safety Officers assigned to a Division(s) would be able to follow social distancing guidelines, utilize face masks, and communicate via radio and/or cell phone. In addition, to reduce the exposure both at the ICP and on the fireline, only utilize identified team trainees, and authorize/provide separate vehicles for all on-site Safety Officers.

4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.

The inputs for the IAP, Risk Assessment, Accidents, and other necessary tasks require input/review from other sections. These can be done without close personal contact by sending them electronically to the appropriate assigned individual. This may slow the completion process which, in turn, may have a ripple effect on other sections. Safety inspections must be done in person and in collaboration with other Sections and Units. Social distancing and PPE use will be essential in safely completing these inspections.

Operations Section

1. Those rostered IMT positions suggested for deployment to an incident physically on-site (In Person or Remote) and those that can achieve duties virtually.

	Number Required	Location	NOTES
Lead Operations	1	In Person	
Planning Operations	1	In Person/ Remote	Must position where best connectivity exists
Night Operations	1	In Person	
Operations Branch Director	2	In Person	Will serve as a backup OSC2
Division Supervisor	4	In Person	
Air Operations Branch Director	1	In Person	
Air Support Group Supervisor	1	Remote	
Strategic Operations	1	Remote, Virtual, In Person	If available

2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.

Plum Case like devices or mesh networks on Branches/Divisions and remote Air Ops locations to support virtual briefings, share intelligence, and complete required documents such as CTRs, 214, etc. Increased reliance on AGOL, ARC Collector for mapping purposes. Operations overhead will all have to be familiar with AGOL. Increased restrooms on Divisions to facilitate social distancing. Increased reliance on supply to bring needed items to the line and left at designated drop points. With a possible increased use of drones for mapping, infrared detection and firing operations.

3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.

Module concept will be utilized extensively. Social distancing between resources inside of a Division on the ground as well as social distancing of all resources in a Division from other Divisions. Will consider the use of 24-hour shifts to reduce the interaction during shift changes for operational personnel. Use of spike camps and other fixed facilities to house all division resources. Use of virtual briefings. Resources do not come to main camp for traditional purposes. Use of Plum Case like devices, mesh networks, and Wi-Fi/phone boosters on Divisions to feed intel/briefings/documents to and from line resources. In support of following the briefings, each presenter may produce a written script to make the

receiving of the message easier and consistent. All Air Ops will follow the Standard for Aviation Operations in Response to the Coronavirus Disease. <https://www.nwcg.gov/committees/national-interagency-aviation-committee/niac-standards>

4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.

This will be a very difficult endeavor if we can't bring technology/intranet to the fireline. Having Plum Case like devices and mesh networking not in place will result in a significant loss of efficiency. Communications is usually one of our biggest challenges, we oftentimes fall back to face to face communications to be effective. As we bring social distancing to Operations communications will be more difficult than ever.

Air Operations:

Overall, aviation facilities are reasonably safe and isolated. Access to airports is restricted, aircraft are already well spaced out and crews tend to hang out together. With a few commonsense adaptations, we can continue to provide uninterrupted service.

Fixed Wing Bases:

- When possible, have assets stage and recover at their home bases if flight times not too excessive
- Arrange for crews to be separated by aircraft crew—minimal interaction with other crews at same base
 - May need to bring in trailers or find other spaces at airport.
- Briefings: utilize video conferencing, texting, messaging, radio, or loudspeaker.
- Limit who enters the aircraft/airbase to flight crews and pilots only.
- Limit multi-use of headsets, helmets, knee boards, gloves, flight suits, tools, etc.
- Minimize use of shared equipment; clean/refurbish before and after utilization.

Helibases:

- Briefings- Pilots & Managers & Trainees only
- Staffing—Plan on crews rotating as normal to maintain 7-day coverage.
- Utilize aircraft and crew extension requests as needed.
- Crews and overhead avoid base camp as much as possible
 - Check in at helibase. If necessary, to do in camp, have 1-2 people go to camp—not entire crew
 - Have Planning Section Personnel come out to Helibase to collect needed info.
 - Supplies delivered by GSUL or ASGS- no crews to camp for water, lunches, supplies, etc.
 - Flight crews should be on the economy for meals and lodging to avoid base camp.
 - Timesheets, etc. collected and transported by one person or submitted electronically.

- 2-3 small bases rather than one large.
 - Pro—less people in one place.
 - Cons—Availability of HEBMs, DECK and ABROs to staff multiple bases. Mobilizing other overhead to briefings and obtaining IAPs and Maps to briefings. Consider stagger start times.
- If necessary, to have large base—gate security during operations.
- Crews to practice social distancing whenever possible while on helibase.
- Have local assets work out of their home bases if delays in response will not affect overall effectiveness.
- Limited access—essential personnel only.
- Trailer limited to base manager, staff and ABROs
 - Consider obtaining office trailer for managers.
 - Trailers to be sanitized daily by contractor per [CDC](#) direction.
- PPE—no sharing of helmets and gloves. Overhead to bring their own or get from supply.
- If possible, recon flights of overhead should be conducted from a helispot close to ICP.
 - Limited to essential personnel—ops, safety
- Cargo should be a remote location or a remote corner of base. Consider using one location and, if possible, personnel from a single crew.
- Personnel transport should be one location only and, if possible, personnel from a single crew.
 - All aircraft transporting personnel will need to be disinfected per [CDC](#) / [FAA](#) / [GSA](#) / guidelines daily.

Logistics:

- Deliveries to helibase(s) and tanker base(s) should be the same driver for the duration of the incident.
 - Minimize trips—1 big delivery vs. 2 small
- Provide adequate supplies of hand sanitizer.
- Provide touchless thermometers.

Plans:

- Utilize IR and Intelligence Mapping assets that can provide electronic data transfer.
- Provide for remote check in and demob.

Finance:

- Come to helibase to check in people, collect timesheets and shift tickets as well as closeout people and equipment at end of assignment.
- Consider utilizing electronic CTRs/ OF-288s.

Logistics Section

A large portion of the logistics function in a COVID environment will be to set up ICP and other use areas and then run these areas and our units in ways that reduce potential exposure to the virus for everyone. Every effort will be to minimize stress and distractions for all personnel, allowing resources to focus on the job of incident management. This will likely require a larger than normal logistics staffing level to spread out services and avoid lines and unnecessary gathering of people. Give consideration to rostering additional IMT personnel early or as part of a pre-order. This section of the guide includes detailed information on how this might be accomplished.

Essential References:

<https://www.nwccg.gov/committees/emergency-medical-committee/infectious-disease-guidance>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Social Distancing

Social distancing guidelines are explained in detail by the CDC. These recommendations would be followed and enforced throughout ICP in all aspects of operations from location of rooms, desks, meetings, meals, etc. All team members would be encouraged to enforce social distancing, and signage would be placed throughout ICP.

Communications would take place primarily over the phone, through virtual technology (such as videoconferencing) or via emails. Appropriate barriers will be established where regular in-person interaction is required (e.g. radio cloning, supply pick up).

Having people practice good social hygiene (that includes social distancing, washing of hands, wearing of masks and routine decontamination of surfaces) is our number one preventative measure.

1. Those rostered IMT positions suggested for deployment to an incident physically on-site and those that can achieve duties virtually.

Position	Virtual	Remote	Notes
LSC	No		
LSC (t)	No	Yes	
FACL	No		FACL's onsite and other FACL or BCMG(s) could work remotely other duties needed
COML	No		INCMs and RADOs in remote locations – but onsite
GSUL	No		
MEDL	No		
ORDM	Yes	Yes	
SECM	No		SEC1 and SEC2 will be on site and remote
SPUL	No		
FDUL	No	No	

The rostered team Logistics positions will need to be on-site, other than ordering that could be accomplished virtually and possibly an LSC(t) working remotely coordinating a remote ICP/Base Camp. All other positions are direct support to line personnel and/or the functionality of incident facilities/equipment/supplies. Some of the additional logistics positions could be located remotely as documented below. ORDMs could operate virtually with all orders being submitted preferably electronically or via phone with follow up electronic form. FDUL plays a critical role in food handling accountability and needs support for social distancing guidelines for food lines, kitchen staff, etc. Additional BCMG/FACL can be utilized to facilitate spike camp needs; including food handling, human waste, personal hygiene, supply orders, etc. However, initial ramp up of staff will require a more effective method. Utilizing normal ordering and staffing matrixes for unprecedented Logistical response models may lead to failure.

2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.

All Logistics:

Wi-fi access, potential need of laptops and printers and supplies for virtual resources. Create a “Virtual Ready Kit”, (i.e. Wi-Fi Jetpack/hotspot, laptop, mini all in one printer/scanner, paper, etc.). One Land line established per person and/or cell phone. COVID-19 PPE need for all ground support personnel. Consider staggered division report/release times to limit the number of personnel requiring logistical services at one time. COML needs to be consulted regarding location of ICP/spike camps/base camps to ensure suitable phone/data infrastructure and radio system capabilities.

Ground Support:

Due to COVID-19 Mitigation the size of the Ground Support Unit (GS) will have to increase in personnel and a larger working area to meet current guidelines. Ground Support will be divided into three groups: Repair, Transportation and Overhead. Each group will have to have at least one Equipment Manager and a location to work. EQMP orders have historically been difficult to fill in the past and now we are going to need more to run these separate units. This will require a larger area to work out of and may be hard to find in one single location. The Transportation Unit will need to have increased personnel to prevent cross contamination, support multiple camps and to deliver meals.

Inspections both Pre-use and Demobilization will be done one at a time with only the driver operator present during the inspections. GSUL will have to find a way to mitigate getting the pre-use inspection form converted to an electronic form to be transmitted to Finance. The number of inspectors will depend on the incident and demobilization needs to get equipment released for other assignments.

Vehicle rentals will need to be sanitized prior and after use by to prevent cross contamination. Camp crews will be utilized for this task. This task will require a

large amount of cleaning supplies and PPE. Every effort should be made to have incident personnel assigned to the incident come with their own transportation. This would limit the chance of exposure and address the sanitizing need.

- Order extra EQPM (2-3) to increase social distancing.
- Order Type 1 mechanic (VIPR) to do all inspections and every attempt should be made to have all vehicle inspections off site, away from ground support.
- Pre-approved overhead rentals for remote and field going personnel to limit number of vehicles in ground support.
- Large area for ground support, such as a large shop or warehouse, to be able to spread out for unit needs.
- Large parking area due to anticipated increase in rental vehicles needed to adhere to social distancing needs.
- Have a separate hand wash station for drivers and mechanics.
- Keep ground support pool vehicles to a minimum to reduce the need to continue cleaning after each use. Consider iPad rental and use within Ground Support.
- Electronic forms, i.e. – electronic inspection forms, electronic fuel issue tickets, electronic shift tickets and access to Firenet.gov.
- Use of videoconferencing to conduct virtual vehicle inspections, document damages to vehicles, question on repairs, etc. to reduce exposure to employees for rental vehicle checkout.

Communications:

2 COMLs, 4 Agency COMTs and/or PSCTs, and 2 INCMs. 4 RADOs minimum (2 per shift) (most agency techs have trucks, tools, laptops, smart phones, programming software and cables and can perform multiple functions.). Tents or office for COMT/ COML. Separate space needed for sanitation and storage of Comm supplies/radios. Cleaning supplies need for radio equipment.

- Consider impact to Team IWI procedures with remote RADOs. IWIs can be handled via Teams/video conference if bandwidth/data allows. A secondary plan is necessary that doesn't rely on technology.
- During IWI, MEDL and Dep IC (or Ops Chief) are only overhead allowed in radio room with INCM and 2 RADOs. Have a designated area for IWI outside of the Comm Trailer to keep distance from Comm personnel.
- Utilize a mass notification medium for necessary personnel during IWI (Ex: GroupMe, Slack, Teams, etc.)
- Suggested standard radio room staffing should be 2 RADOs and INCM for day shift and 2 RADOs for night shift.
- COMTs may be qualified as RADO, but their workload may not permit the answering of radio. COMT should not be tied to radio unless incident is still on forest system.
- Cloning can be done at the Comm Unit, using plexiglass barriers and having the user plug in the cable to their own radio and entering clone mode to minimize Comm personnel handling of radios.
- No entry into Communications office, radio room, or repair tent from those outside of communications. Utilize windows of tents or trailers, phone system.

- Minimize contact with vendors (telephone company, internet provider)
- Utilize Supply for distribution of batteries. Have supply deliver bricks of batteries to each overhead unit to minimize battery distribution from Comm Unit.
- Separate Communications functions as much as possible (separate tents, trailers), 1 for receiving/cloning/HT inventory, 1 for COMT repairs/ repeater inventory, 1 for COMLs, 1 for RADO + INCM
- Consider using VOIP with Team or Agency handset, several low cost VOIP providers are available with a significant cost savings over traditional landlines. This will minimize contact with telephone company as phone installation will not be needed.
- Have the incident order prepaid cell phones instead of landlines if cell service is available; this would minimize sharing of phone handsets and they can be handed off to transitioning teams.
- Paperless ordering – 213s, TEAMS chat, FireNet email, separate email for each order

Supply:

A tent or office will be required for RCDM to secure durable supplies. Due to limited camp crews, three additional RCDMs will be needed. A hand wash station will be required within R&D.

Medical:

2 MEDL, 2 MEDL (T), also in pre-order 2 FEMP/EMPF and 2 FEMT/EMTF. Remote (nearby location) or in ICP. Medical personnel should deploy with jump kits containing equipment in accordance with their certification level, scope of practice, and local protocols. 3 tents or trailers or on-site locations in ICP for Hot, Warm, and Cold Zones. Infectious Disease Supplies. All medical personnel should be approved for a cell phone and laptop.

Security:

Order an additional Sec1 to assist in coordinating local Law Enforcement and securing in multiple facilities.

3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.

All Logistics:

Limit personnel in Base Camp. Crews, strike teams, division supervisors need to acquire supplies/services from pertinent Logistics functions. Establish a list of general SOP's for each section, when necessary make available for IAP (See Appendices). Unit personnel would maintain social distancing guidelines at all times. Communications would take place over the phone, through virtual technology (videoconferencing) or in person outdoors practicing social distancing while wearing proper PPE. In order to adequately support resources with minimal access to some supplies, logistics is requested that all assigned resources be provided the following list of items that people should try to bring with them to the assignment if possible, to reduce demand.

Personal Protective Equipment (PPE)

Based upon CDC guidelines, all unit personnel will be provided with the following PPE based upon availability:

- *Nitrile Gloves* – to be worn by Facilities Unit personnel as needed
- *Face Masks* – either N95 face masks or cloth facemasks will be provided and worn as needed basis during normal job duties and required during food and supply distribution.
- *Personal PPE* – traditional PPE such as closed-toed shoes, full length pants, etc. are expected.

Ground Support:

Large area for ground support, such as a large shop or warehouse, to be able to spread out for unit needs. Allow for customer social distancing of 6' apart. Large parking area due to anticipated increase in rental vehicles needed to adhere to social distancing needs. Limit personnel numbers riding in a vehicle together. Sharing of vehicles is highly discouraged due to cross-contamination. A cleaning and deep/disinfecting would be required between drivers if sharing a vehicle was unavoidable. A vehicle is recommended to be issued to each individual mobilized. Road closure – consider concrete barriers for roads not used for the incident or lock gates to limit access, this reduce need for security personnel at site.

Communications:

Design Communication section to limit exposure to COMT, such as; providing plexiglass physical barriers, single file line 6' spacing, cloning by division. Separate location for equipment sanitizing station. Limit checkout of radio accessories: i.e. Radio cases, batteries to be issued out by supply. Plan for RADO's and INCM's in isolated remote work locations, but onsite, utilizing technology to communicate to different functions as needed. Utilize programs like Microsoft Team environment for video/texting conferencing for Incident within an Incident (IWI) to essential functions (this allows for documentation of the Incident). A backup plan that doesn't rely on technology will be necessary. Put 8 line on virtual form to limit paper copies.

Supply:

Isolate and contain all potentially contaminated items. Determine which items are the individual's personal items versus incident issued and separate accordingly. Collection of these items should be performed with the personnel wearing and trained on the appropriate PPE Place the items in bags and tag the bags with information that they have been exposed to an infectious disease. Identify processes and procedures in IAP for placing orders and receiving supplies. Establish QR codes for electronic ICS- 213 General Message forms, Utilize electronic forms; GM's (ICS-213), resource requests, incident replacement (OF-315), unit logs etc. Make them available for incident personnel to access, maybe create a QR code that links to the forms. Utilize email, "CamScan" (or similar such as iPhone Notes app, Android equivalent). Possible managing Supply in 24hr shop to prepare for delivery supplies and limit exposure. Supplies for

COVID-19. Traditional supplies for a typical incident as provided by the cache, along with:

- Individual Infectious Disease Barrier Kit (NFES 1660)
- Multi-Person Infectious Disease Barrier Kit (NFES 1675)
 - Additional supplies in relation to mobilizing in a pandemic environment:
- Nitrile Gloves
- N95 masks and/or cloth masks
- Personal hand-sanitizers (if available) or alternate “home-made” versions as recommended by the CDC.

Facilities:

Incident Command Post (ICP)

The establishment and layout of ICP and supporting units is one of the most critical decisions in the COVID-19 environment. The mass closing of businesses and schools resulting from a pandemic and shelter-in-place environment provides more options for locating an ICP than during a typical mobilization. Hotels (preferably a large one nearest to the incident) are recommended to be used as the ICP and a school nearest to the incident be used for supply, direct medical support, and ground support.

The need for a laundry unit on the pre-order to follow CDC guidelines for decontamination of clothing and masks will be critical.

Traditional ICP – Are an option as trailers, yurts, and tents create social distancing, sanitation will be very challenging.

Location Options

Hotels – Hotels are likely the best option to set up an ICP in the Pacific Southwest Region. During pandemics, such as COVID-19, hotels are typically near vacant and may be closed to the public but are available for emergency response. Hotels provide a variety of positive amenities in a partial-virtual and social distancing team setting if they are close enough to the incident.

Pros:

- Wireless Internet and “hard” internet connecting options.
- Internal phone system for calling room-to-room.
- Designated bathrooms for individuals preventing cross contamination.
- Multiple room and room size options to maximize social distancing while maximizing productivity.
- Hotel provided cleaning and laundry options. Additional cleaning and sanitizing would likely have to be secured.
- Outdoor space to provide small group meetings while maintaining social distancing.
- Some positions can use their room as their office, further reducing travel and possibilities of meeting others.
- Less vehicle needs as many IMT members can be self-sustained within a hotel setting.

Cons:

- Daily briefings may require travel by C&G to Base Camp increasing risk
- Hotels may be located inconveniently far from the actual incident.
- Small parking lots to accommodate supply, medical and ground support.
 - Alternative parking lots would likely have to be secured.

Schools - Schools are a viable option to set up an ICP. Most schools are closed. A deep/disinfecting cleaning be provided to the facility upon demobilization of the team.

Pros:

- Wireless Internet and “hard” internet connecting options.
- Internal phone system for calling room-to-room.
- Multiple room and room size options to maximize social distancing while maximizing productivity.
- Large rooms such as cafeterias, gymnasiums and theatres would accommodate small to medium size group meetings while maximizing social distancing.
- Outdoor space to provide small group meetings while maintaining social distancing.
- Securing a school facility closer to an incident is more likely than a hotel but could still be challenging.
- Large parking lots and grounds associated with most schools would accommodate supply, medical and ground support while maximizing social distancing.
- May require reduced travel to an incident by C&G for daily briefings

Cons:

- Community bathroom facilities require multiple cleaning/disinfecting per day and increase opportunities for cross-contamination.
- No cleaning or laundry services provided. Would have to be contracted out.
- Travel to and from lodging for IMT members creating more opportunity for contact with others and the need for more vehicles.

Other Location Options

Vacation Rentals and Condominiums – Likely vacant during these times and would have some of the same pros and cons as hotels.

State or Federal Offices - Possible option as many may be closed due to pandemic executive orders but available for emergency management. Many of the same pros and cons would exist as the use of a school facility. It would be more cost effective, have less restrictions and provide on-site government services and supplies.

Large Commercial Offices and Businesses – Possible option as many may be closed due to pandemic executive orders, but available for emergency management. Many of the same pros and cons would exist as the use of a school facility. It would be more costly and have less flexibility.

ICP Layout

The layout of ICP would depend much upon what facility was secured. Regardless, social distancing of rooms and staff would be maximized within available space.

Traditional ICP

- Are an option as trailers, yurts, and tents create social distancing and sanitation will be very challenging.

Hotel

- Higher foot traffic units such as Logistics (including Comms) & Liaison Officers located on the bottom floor. Medical would have a designated area on the ground floor away from the other areas.
- Operations and Finance located on middle floors.
- C&G staff and Planning located on top floors.
- Supply and Ground Support would be located remotely either on hotel grounds (if social distancing can be met) or at a facility closer to the incident. Some medical support would also be located closer to the incident.

School

- Higher foot traffic units such as Logistics (including Comms) & Liaison Officers located near entrance.
- Operations, Finance & Planning centrally in large spaces or multiple connected rooms to maximize social distancing.
- C&G staff located furthest from the front entrance to minimize exposure.
- Supply and Ground Support located on school grounds separated significantly by one another.
- Medical located in the school nurse's office and adjacent offices.

Visitor Traffic Control

Visitors to and from the ICP would be strictly limited to critical members of local emergency management or government as invited and approved by C&G staff. This will be accomplished by controlling entrance point(s) with a staffed checkpoint. Virtual meetings will be highly encouraged to minimize or completely stop any visitation from non-IMT members.

CDC postings will be placed on all doors preventing entrance from anyone, including IMT members, who are suffering symptoms.

Team Personnel Traffic Control

Within ICP, team members will always be required to maintain social distancing guidelines.

Unnecessary travel to other locations will be highly discouraged

Meetings should be conducted virtually, when possible, even when members are in the same building.

Food & Meals**Available National Mobile Kitchen**

Food handlers will be asked the following questions:

Do you currently, or in the last 24 hours have you had, any of the following symptoms:

- Fever
- Cough
- Shortness of Breath
- Sore Throat

(Appendix F: Wildland Fire COVID-19 Screening Tool)

- Positive answers will be referred to the Medical Tent
- All food handlers will be required to be gloved and masked.
- Breakfast – National Mobile Kitchen to prepare box breakfast for contactless pickup at Base Camp. All condiments and plastic ware will be individually wrapped and supplied in the box by the kitchen staff. IMT personnel to eat at hotel or utilize per diem in locations without breakfast available.
- Lunch – Lunches provided at refrigerated trailers. Trailers staffed by camp crew personnel. IMT personnel to utilize per diem.
- Dinner - National Mobile Kitchen to prepare box dinners for contactless pickup at Base Camp. All condiments and plasticware will be individually wrapped and supplied in the box by the kitchen staff. IMT personnel to eat at hotel or utilize per diem in locations without dinner available.
- MREs - MREs will be ordered from the cache and staged if there is an issue with receiving a meal order from a vendor. Pandemics can cause unpredictable situations such as the immediate closure of a restaurant facility due to a staff member testing positive.
- Have refrigerated trailer staged at drop points with ice, lunches, and Gatorade. Staff with camp crew personnel.

Difficulty in securing meals for both IMT and responding personnel is not predicted to be challenging. Most restaurants during a pandemic situation are closed to the public but are still providing delivery and carry-out services. Restaurants have seen their business reduced considerably and would be eager to provide food options for an incident. All meals would have to meet incident standards for nutrition. Recommend the incident provides all meals to minimize exposure and travel.

If No National Mobile Kitchen

- Have refrigerated trailer staged at drop points with ice, lunches, and Gatorade. Staff with camp crew personnel.
- Breakfast - Local restaurants that specialize in breakfast provide hot meals for pick-up by logistics staff. The easiest option would be for the hotel to provide a grab-n-go breakfast, in lieu of a buffet breakfast. Supplement hotels with necessary items to ensure compliance with nutrition standards. IMT personnel to eat at hotel or utilize per diem in in location without breakfast.
- Lunch – Lunches provided at refrigerated trailers. Trailers staffed by camp crew personnel. IMT personnel to utilize per diem.

- Dinner - Local restaurants to be contacted to provide hot meals for pick-up by logistics staff. Drivers to distribute to Branches/Divisions daily. Distribution would be at the hotels in the evening so everyone could wash up in their rooms prior to eating. IMT personnel to receive distribution at ICP location.
- MREs - MREs will be ordered from the cache and staged if there is an issue with receiving a meal order from a vendor. Pandemics can cause unpredictable situations such as the immediate closure of a restaurant facility due to a staff member testing positive.

Team Lodging

First consideration is traditional ICP with trailers, yurts, and tents. Planning social distancing and sanitation will be required prior to be engineered into the setup and lay out.

A recommendation that main IMT members reside at the hotel that is used for an Incident Command Post (if a hotel is used). This would greatly reduce the need for travel that would increase chances of exposure.

Recommended that IMT members deemed to work “remotely” and team members associated with supply, medical and ground support reside at an adjacent hotel or a hotel near the alternative staging area.

Virtual team members would simply work from their homes or home units.

Crew Lodging

Recommended that responding personnel and crews be housed at a hotel as close to the incident as possible. Only one person per room is strictly enforced.

Recommended that IMT members and crew members not be housed at the same hotel. Line resources will be grouped by division.

Hotel Cleaning & Disinfecting

Major hotel chains have pandemic cleaning protocols established by their corporate offices that follow recommended CDC guidelines. These include but are not limited to:

- Deep/disinfecting cleaning of rooms only once per week. No room service or hotel personnel entering rooms through the week. This keeps only one person, the occupant, from being in a single room thus minimizing chances of cross-contamination.
- Disinfecting cleaning services provided by hotel staff to all public areas and public restrooms on a daily routine basis.
- Recommended that additional cleaning services be contracted for the hotel that will be serving as the ICP.

Social Distancing

One person per room. No doubling-up in rooms even by contract personnel.

Congregating in public areas in the mornings and evenings prohibited.

Returning personnel should report directly to their rooms and conduct any after-hours business via phone or virtual technology.

Laundry

- Laundry services are going to be essential to providing the best hygienic environment as possible. All team members and crews will be encouraged to

wear a fresh set of clothes daily. Consistent laundry service will need to be provided. (RECOMMEND Hotel Provided Laundry Service)

- Hotel Provided Laundry Service – Many hotels provide laundry service to guests at an additional cost. This laundry service could be negotiated in a contract with the hotel for the duration of the mobilization.
- Contracted Laundry Service – Contracted laundry services would work on the traditional tag, drop-off and pick-up method of most incidents. However, it is recommended that if this option is used, that the service would pick-up at each hotel location thus eliminating the need to transport dirty laundry to the staging area.
- Personal Laundry Service – Most hotels have an internal laundry mat. Private business laundromats are also considered “essential” service and would be available. Disadvantages to this option include time availability of personnel to do their own laundry and the encouragement of congregating in laundry mats while waiting. Cross-contamination is also a noted disadvantage.

Medical:

The medical unit has established a couple of ways to reduce the risk of exposure to firefighters from the COVID-19 virus. The categories below will go into greater depth the procedures we would like to put into place to assist with this. These precautions will require extra in camp medical personnel and additional space for the medical unit within camp as well as additional camps.

Supply Distribution

- Distribution of medical supplies has a great potential for exposing firefighters to the virus. The medical unit will create a contactless medical request and delivery concept.
- Option one is to use a medical disbursement company were the firefighter will order medical supplies at a window with a barriered shield between the firefighter and the distributor. The order will be taken and then bagged up by personnel wearing gloves and delivered to a separate window or door where the firefighter can pick up once it's been placed. This distribution should take place at a separate location from the treatment of injured firefighters. This could require multiple tents or multiple trailers. All personnel distributing the supplies will be required to wear gloves, eye protection and a face mask.
- Option two is to use three designated EMT's in a separate tent. One EMT will take orders via non-contact. The other two EMT's will bag the supplies and label the bags and deliver them to a separate table where firefighters can pick them up once they have been placed. All EMT's will be required to wear gloves, eye protection and a face mask.
- A wash station will be set up outside of the medical supply distribution area. Personnel must wash their hands prior to receiving medical supply items.

Treatment

- Option one is to use a medical treatment company similar to Frontline Medical. Only one patient will be allowed to enter at a time. The patient will be required to wear a face mask as well as any treating personnel. A pre-entry

interview will be conducted prior to entry, assessing for any signs or symptoms of COVID-19. If the patient is negative for any signs and symptoms the patient will be allowed to enter. If the patient displays any positive signs or symptoms the treating medical personnel will don an additional medical gown combined with the face mask, eye protection and gloves already on. This will greatly decrease to likelihood of any medical personnel being exposed to infection disease.

- Option two is to follow the same procedures but with line EMT's and paramedics from the incident and a tent. The availability of EMT's and Paramedics will be what dictates the feasibility of this. This will also require a minimum of two tents with adequate ventilation and the availability of the proper PPE for the medical personnel and the patients getting treated.
- A wash station will be set up outside of the medical treatment area for decontamination of all personnel prior to any medical treatment.

In-Camp Procedures

- The medical unit will need to push social distancing when it comes to any interactions within camp. The two MEDL will not be involved with medical treatment or medical supply distribution. This will decrease the possibility of an exposure and intern potential exposure of the command staff.
- The medical unit will also need to pre order the proper PPE for the incident to have it in time for the initial stages of the fire. The medical unit would also like the use of a camp crew to assist with monitoring firefighters and disinfecting of the camp. A desired process would be to have a pre-entry interview of all incoming personnel with a temperature taken and continue that process every so often throughout the incident at key locations.

Incident Within an Incident Procedures

The medical unit will modify the ICS 206 form to include a section on COVID-19 signs and symptoms and proper PPE if they encounter a person under investigation. The addition would include a pre-treatment interview if possible, at a distanced position (around ten feet away). It would include the signs and symptoms to look for that are tied to the COVID-19 virus. If a patient displays these positive signs or symptoms the MEDL will be notified, the patient's supervisor will be notified, and notifications to the responding ambulance and the hospital will be made. It will also include the proper PPE to don before treatment if the patient displays these signs or symptoms. The C&G staff involved in the IWI process will be notified by a mass communication medium, if available, and regular updates will be provided to reduce the contact between individuals during that process. The IWI personnel with in the communications trailer needs to be very limited. PPE used during this evolution will be disposed per CDPH guidelines.

Medical Supplies

- Nitrile gloves
- Eye protection
- N95 or greater mask
- Medical gown or Tyvek suit
- Non- contact thermometer

- Disinfectant wipes or spray
- Disinfectant gel for hands

MEDL will post signage showing CDC, State and Local health recommendations around camp facilities, and insert a section in the IAP showing the same information.

- Medical will initiate and maintain contact with:
 - Incident Medical Director (MEDL)
 - State Health Departments (MEDL)
 - State Department of Emergency Management (Liaison Officer/MEDL)
 - State EMS Agency (MEDL)
 - CDC (Liaison Officer/MEDL)
 - Local Hospitals (MEDL)
 - Local Urgent Cares/Clinics (MEDL)
 - Telehealth Sites (MEDL)
 - COVID19 Testing Sites (MEDL)
 - Local Ground/Air Ambulances/FD with Medical (MEDL)
 - Hospital Liaison (Liaison Officer/MEDL)
 - National Guard Medical Contacts (Liaison Officer/MEDL)
 - Much of this is covered in the NWCH EMS Infectious Disease Guidance.
- Infectious Disease Supplies:
 - Face masks
 - N-95 Respirators
 - IR Thermometers
 - Oral Thermometers with Individual Use Sheaths
 - Individual Infectious Disease Barrier Kits (NFES 1660)
 - Multi-Person Infectious Barrier Kits (NFES 1675)
 - Nitrile Gloves
 - Hand Sanitizer
 - Bleach
 - Vinyl or Non-Fabric Shower Curtains for Privacy Barriers
 - Disinfecting Spray
 - Liquid Soap/Handwash Stand
 - UV Sanitizer for each Zone
 - Cots
 - Disposable Sheets
 - 1" PVC Pipe, 1" Caps, 1" T and 1" 90-degree Elbow Fittings for partitions
 - Plexiglas receiving areas in front of Tables and for Patient Barriers

Security:

- Security Manager would use local law enforcement achieve most LE functions when possible
- EC-1's would use Agency Law Enforcement vehicles for high visibility patrols to deter criminal activity

4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.

Ground Support:

- Need assistance in developing electronic forms and the number of iPad's needed for incidents to help reduce handling of paperwork and need to visit other sections to deliver paperwork.

Communications:

- Potential slowdown in morning rush due to social distancing and sterilizing documents. Mitigate by ordering more COMT's and have divisions come in shifts. (Strongly discourage self-cloning, there are multiple firmware and software versions for radios, high probability of corrupting radio programming, thus causing unreliable or no radio communications).
- Additional COMTs may be necessary if incident is spread out over many locations.
- Potential internet access issues could limit video conferencing for IWI.
- Training/protocols need to be developed for individual RADO's in utilizing various communication tools.

Supply:

- Anticipate delays in needed items that are non-standard cache items
- Potential lag time sorting through influx of email and dissemination of information between Ordering, Expanded, and BUYT.
- Frequent product handling:
 - Overhead bring full kits to reduce the number of incidentals needed to order.
 - No exchange of Nomex, encourage laundry at hotel or other professional laundry services
 - Limit replacing Cache items on incident. Issue S# for incident replacement.
 - Have a separate hand wash station inside supply yard to wash hands
- COVID-19 PPE needed for all Receiving and Distribution employees

Medical:

- High demand for supplies and EMS certified personnel may exceed the supply available due to local, regional, and national needs from their locations. Local resources will be impacted and not able to provide personnel for the incident as normal.
- Local EMS and treatment facilities may not be as available to assist incident personnel as normal.
- Depending on the number of medical personnel available, service may be slower for preventative care (i.e.: lotion, Tylenol, lip balm)
- Due to strain on local medical site resources, minor care may be slower to receive or may be done remotely by telehealth.
- Incident personnel will need to ensure that they fill prescriptions before leaving for the incident. Mical may not be able to assist due to shortage of

Med Unit resources as well local pharmacies may not have their medication readily.

- Availability of isolation or quarantine sites, if needed.

Appendix A – All Personnel Safety Guidance for COVID-19

Appendix B – Best Management Practices Outline

Cleaning Plan

- Check updated CDC guidelines for the need of professional cleaners for ICP Cleaning. Regardless of ICP being located at a hotel, school, or other facility it is recommended that a professional cleaning company be contracted to provide daily cleaning and trash gathering. Contracted cleaning companies may be required to follow all CDC guidelines for cleaning practices in a pandemic environment, provide proper PPE to all staff, provide commercial grade approved disinfectant cleaning products.
- Some cleaning and facility requirements would include:
 - Disinfection of all doorknobs, door facings, light switches, exterior door exit bars, and handles three times per day.
 - Disinfectant cleaning of all community restroom facilities twice per day.
 - Disinfectant mopping of all hard-surface floors once per day.
 - Disinfectant cleaning of all work surfaces including telephones, computer mice and keyboards once per day.
 - Gather and dispose of trash once per day along with sanitizing trash containers. All of the above cleaning requirements apply to the staging area as well.
- ICP at Hotel Specific:
 - Additional cleaning as described above in combination with hotel provided cleaning.
 - Locking and preventing access to public restrooms, pool and fitness facilities.
 - Removing public coffee and water dispensing.
- Lodging Cleaning - For hotels not serving as ICP but as a lodging location for crew members, the hotel cleaning service as directed by their corporate offices to meet CDC guidelines should be sufficient. Additional cleaning services that should be required should include:
 - Daily sanitizing of all doorknobs, door facings, light switches, exterior door exit bars and handles.
 - Locking and preventing access to public restrooms, pool and fitness facilities.
 - Removing public coffee and water dispensing.
 - Strict restrictions for entrance from members of the general public.
- Strict consideration will need to be given to Logistics to increasing the roster size to establish an effective workflow early in the incident.
 - Additional personnel to identify multiple camp locations, different functions, Spike Camps, and additional security

Plans Section

Resources/Check-In/DMOB

1. Those rostered IMT positions suggested for deployment to an incident physically on-site and those that can achieve duties virtually.

Accurately recorded and entered check-in data are essential to multiple sections. The following strategies identify techniques to gather, record, and share key data between sections and accomplish incident objectives. The primary constraint to continuity of operations is the e-Isuite database used to check in; track, mobilize, maintain, transfer, and demobilize resources; and record time. Two versions of e-Isuite can be utilized: (1) The on-site application, runs on intranet the ITSS establishes at the ICP and (2) an Enterprise application hosted on the Internet. These versions cannot utilize the same database at the same time. This means if check-in is done virtually with Enterprise e-Isuite, and TIME is using the Site version, database updates will not transfer across sections. Accordingly, all team Sections need to be using the same version of e-Isuite throughout the life of the incident. If connectivity and/or speed of the e-Isuite program are not functional the contingency plan will be to utilize NIMSIAP.org for IAP generation.

Maximizing virtual assignments, specifically around e-Isuite, to reduce exposure to COVID-19 will push teams to Enterprise e-Isuite. This application is frequently substantially slower than the Site version due to variations in Internet data transfer rates. The Site version with its faster operating speed could be used with a mix of on-site and remote staff, provided the remote staff are deployed close enough to the ICP, typically within one mile, to be tied in to the intranet via a satellite link. This “village” approach, using hotels or multiple remote office tents, requires more personnel to travel and is less effective at reducing exposure.

The following discussion is focused on efforts to maximize virtual operations. This approach requires a greater commitment of virtual personnel and infrastructure to overcome technological difficulties, but more closely aligns with leadership intent to reduce potential exposure to COVID-19 as much as possible.

Documentation - DOCL functional requirements may be met at a remote location outside of ICP in concert with an on-site position. Incident documentation can be generated, acquired, compiled via technological means of communication. A FireNet365 SharePoint site will be created and the ability for upload can occur on that site. Duplication services and distribution of IAP products require on-site delivery. Digital formats for IAP may be delivered to devices (QR scan codes perhaps) with the caveat of vulnerabilities of technological malfunction and diminished ease of use due to the size of the document. Hard copy IAP provision for line personnel are first and foremost a safety issue facilitating timely access to vital information contained within the handouts should a critical need arise, freeing up device use and power for other functions. On-site position accommodates the need for collection and management of documentation generated at location. Collection of hand corrected IAPs which are a part of the

Incident Documentation Package can be accomplished by DOCL or perhaps scanned by other parties to DOCL.

Position	Virtual	Remote	On-site	Comments
PSC		1	1	
RESL		2	2	
SCKN		2	2	
SITL		1	1	
GISS	1	2		
FBAN		1		
FOBS			2	Work closely with OPBD/DIVS to relay intel
IMET	1			Can be utilized from home office
DOCL		1	1	On-site used to create documents and remote to properly place in folders on FireNet365
ITSS		1	1	At least one ITSS needed for each site that requires internet-based communication
READ/REAF		1	1	

**Maximizing Virtual Operations
On-Site Personnel at the ICP**

One RESL will manage operations at the ICP and implement the full suites of duties, serving as the liaison within the resource unit and the plans section. They will coordinate with the virtual RESLs. This RESL serves as the liaison between other team sections, with emphasis on operations, finance, and logistics. The on-site RESL will also help troubleshoot during check-in and DMOB.

One SCKN will:

- Manage operations at ICP
- Execute the full suite of check-in duties
- Coordinate with the virtual SCKNs
- Help troubleshoot any check-in problems on-site
- Input resources into e-Isuite
 - Coordinate with ITSS to receive IROC resource downloads
- Will help with virtual DMOB Unit and documentation when possible.

Remote

Two RESLs will be remote and complete support functions including:

- Tracking resources.
- IAP development.
- Check-In (as needed).
- DMOB (as needed)

Firenet365 Teams will be the primary communication channel. Virtual inputs could also be attained through video conferencing via another approved platform. All IAP products can be produced remotely, but the on-site RESL is essential to managing inputs from operations to produce the division assignment lists (204s).

Three to four (3-4) virtual SCKNs will be required. This is higher than is typically deployed on-site, but this number is necessary to overcome expected technological challenges:

- IROC is not yet able to populate e-Isuite with basic resource order data. (Expected June 2020)
- Consequently, all required information for resources assigned to the fire must be manually entered into e-Isuite.
- The internet-based e-Isuite Enterprise platform runs several orders of magnitude slower than the site version.
- This substantially increases data entry time. For example, it took two SCKNs several hours to check-in approximately 50 overhead resources using e-Isuite Enterprise. (*This same task can be accomplished in ½ hour with the site version of e-Isuite coupled with data downloads from ROSS.*)
- Hence the larger number of SCKNs.
- If e-Isuite Enterprise is not efficiently meeting the team's needs, Site version of e-Isuite will need to be established within a close proximity to the ICP as in a remote village working environment.
 - This strategy would be implemented as a contingency if e-Isuite enterprise is not a valid option.
 - Another contingency is to dedicate one SCKN to updating resources in e-Isuite but IAP generation will take place with another collaborative program
- Choosing a contingency plan will reduce the need for virtual personnel at a cost of increased risk to exposure.

One DMOB Unit Leader will function in a virtual capacity aided by the onsite and virtual RESL and SCKN resources. This position could also be supported with one or more DMOB staff working remotely.

2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.

On Site Personnel

To operate under this proposed structure, on-site personnel require electricity, internet access, cell phone and/or landline telephone coverage to accomplish duties on a Type 2 incident supported virtually in the COVID-19 environment.

To maximize efficiency:

- **On-site RESL:** laptop computer, at least one additional monitor, a printer/copier/scanner, a projector to facilitate pre-planning meetings
- **On-site SCKN:** laptop computer, at least one additional monitor, a dedicated landline telephone, and a printer/photocopier/scanner. Additional laptop or tablet for incoming resources to use to complete electronic check-in form.

The additional monitors increase the efficiency and accuracy in editing and producing necessary IAP sections and entering check-in data from electronic check-in forms into e-Isuite.

A virtual DMOB station on site would include a phone or tablet at the ICP DMOB worksite with signs providing instructions on how to contact virtual DMOB and how to complete the electronic DMOB check-out sheet (ICS 221). DMOB would utilize a fillable PDF ICS 221 for each resource, maintained on the incident's Teams site, which can be reviewed and approved by each section and unit in the digital environment.

Remote Personnel

- **RESL:** laptop or computer workstation, at least one additional monitor, cell phone or landline phone, access to e-Isuite Enterprise platform or alternative shared database, and possibly additional / other communication tools.
- **SCKN** laptop or computer workstation with at least one additional monitor, e-Isuite enterprise platform or alternative shared database, and cell phone or landline phone.
- **DMOB:** laptop or computer workstation with at least one additional monitor, e-Isuite enterprise platform or alternative shared database, and cell phone or landline phone.

As with the on-site positions, the additional monitors are necessary to increase efficiency and accuracy in manually entering check-in and DMOB data from electronic forms into e-Isuite.

Communication:

- Fewer on-site personnel interacting with a mix of remote teammates places emphasis on communication and will require additional infrastructure.
- The larger the incident, more lines of communications should be utilized to ensure smooth operation within and between all sections.
- Larger incidents may require additional remote resources staged in stand-by status ready to deploy when needed.
- C&G and Agency Administrators need to be open to supporting requests for additional hardware, communication infrastructure, and personnel.
- If lines of communications cannot be met, remote communication breakdown will result in failure of mission objectives and more folks will need to be positioned near maintain communications.

How will tasks be completed?

Check-In:

- Electronic, self-service form tied to the FireNet365 environment.
- Form populates an Excel spreadsheet that is then manually entered into e-Isuite because at present Excel data cannot be automatically uploaded into e-Isuite.
- The Excel spreadsheet will be housed on the incident's FireNet365 Teams environment where it can be accessed by the TIME and DMOB units.

- Utilization of FireNet365 SharePoint website for all incoming resources. The link to the SharePoint site will be added to resource orders for incoming resources. Resources will find FireNet365 Form for Check-In. Files of IAPs for previous operational periods. GIS products for existing operational periods.

Tracking Resources

- We envision no substantial change to the overall approach to coordinating with Planning Operations.
- Accomplishing the pre-planning meeting with a mix of on-site and remote individuals will require additional audio-visual technology, such as a projector, large monitor, or both.
- Previously this group utilized e-Isuite to develop the 204s. Conditions may require flexibility and push us to MS Word or alternative database, or spreadsheet tracking mechanisms could be developed.
- Utilization of an electronic 215 will be important to successful organization of resources
- Data reports will be developed as requested from whatever database is employed.
- Still utilize T cards however T cards to be located separately from RESL/SCKN.

IAP:

- As with tracking resources, we may not be able to utilize e-Isuite to develop much of the IAP.
- We will likely shift to NIMSIAP.org.
- These will be completed, edited, and shared on the incident's FireNet365 Teams environment.
- Sections will submit their IAP parts by uploading them to the incident's FireNet365 Teams environment.
- Draft IAP will be compiled and shared with the PSC and IC in a manner most conducive to timeliness and accuracy.,
- IAP will be distributed in a mix of electronic and hard copy versions as determined appropriate by C&G.

DMOB

- Reports generated by the rDMOB.
- Reports distributed and/or published no differently than current policy.
- FireNet365 Forms completed by crews who are scheduled for demob.
- Emergency demob will be done via phone and email only
- When a resource comes to DMOB, they are instructed which units they need to visit to complete check out.
- This may be the only piece of paper a resource receives-so they know which units to obtain signatures.
- Upon completion of check out, they provide the rDMOB with their travel itinerary or if traveling by air, their flight information.
- When the above DMOB process is complete, the rDMOB enters itinerary into e-Isuite; generates required report and sends to Expanded Dispatch.

Documentation

- All files will be deposited in DOCL digital folders established for the incident in the incident drive.
- FireNet365 SharePoint will have a DOCL section for the uploading of documentation from outside resources.

Situation Unit

- Each Situation Unit member will need laptop with internet connection through landline or Wi-Fi.
- All Unit members will need to have a NIFC AGOL organizational account as well as FireNet365.
- Each on-site and remote team member will need to be equipped with a tablet that is operational and functional for the AGOL environment.
- Each Remote and on-site member will need individual vehicles, GOV or rental
- If IMTs do not have their own plotters and printers, rental plotters and printers provided to remote facility.

On-site documentation needs are the physical documentation and office supply materials from Cache in addition to the technology devices and associated accoutrement. (Physical KIT components should be accompanying DOCL in transit to incident and are housed in the Plans Trailer). Duplication services for IAP production would perhaps be provided by local resources or at least two remote capable printers for exclusive use of the DOCL to minimize contamination of surfaces and/or exposure to COVID-19. External battery devices may be necessary to supplement operation of devices should power disruptions occur. Troubleshooting and restoration of duplication equipment may only at times be successful on-site, necessitating in person action.

Virtual documentation needs as above without the Cache materials and the duplication equipment with the capability to acquire all on-site generated documentation with exclusive edit function for Doc box contents.

3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.

- Planning area (tent, yurt, or building) is equipped with physical barriers for enforced “Social Distancing”. Examples: shields to separate resources during business activities, windows with extended barriers to conduct business and/or table extensions.
- Limit number of crew and equipment members to check in or check out. Primary and trainees only.
- Social distance parameters are ingrained in the IMT and reminders are posted.
- Sanitation stations are throughout facilities, not just bottles of sanitizer.
- Maintain contingency plans in the event of technology failure.
- Conduct Check-In and DMOB by electronic device, otherwise, limit exposure by maintaining social distancing and have decontamination protocols in place.
- Encourage electronic documentation to avoid person to person contact whenever possible.

- Incident personnel should document travel and exposure to high risk environments on electronic unit logs (ICS 214).
- Coordinate with MEDL to assure appropriate procedures are enacted as a standard part of the DMOB process.
- Detailed recording of on-site DOCL contacts with persons on ICS-214 mitigation measure for the purpose of Contact Tracing for possible subsequent exposure to COVID-19 of said DOCL. Limiting access to duplication equipment to the least number of people and ensuring fastidious on-going cleaning of such.
- Establishment of AGOL dashboards to relay real-time intel and products
- Preference would be to move away from all paper map products
- Create virtual tutorials on creating user accounts and basic functions of AGOL products.
 - Tutorials will be placed on the incident FireNet365 SharePoint site.

4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position and that may prevent successful completion of duties.

A critical component is the ability to communicate clearly with resources in the field, and section team members and outside partners and contractors. If the video conference is only half heard—it's not heard at all.

Obstacle: *Data Quality Corruption from Electronic Self Check-In*

Self-check-in using electronic forms presents the high likelihood that incoming resources will make mistakes, typos, not know or have access to required information, and/or not fully complete the process. Incomplete and erroneous information then cascades through the system, affecting Operations, Finance, IAP, and safety. Under the proposed COVID-19 mitigation measures, there is a high reliance on resources entering their personal information, crew, engine, and/or equipment data correctly. This is magnified without Planning Staff having access to IROC/Resource Orders.

Proposed Solution: Advise incoming resources to check-in via the FireNet365 Form when in connectivity of the incident is not in an area where connectivity exists. Significant work was put in to the FireNet365 Form to eliminate data entry errors with dropdowns. SCKN and RESL can take the information to populate e-lsuite or another tracking program.

Obstacle: *Ability to Size-Up Incoming Resources*

An important job of SCKN is to “size-up” incoming resources and alert operations to potential issues, such as resources coming in after traveling all night; resources appearing unwell or unfit for duty; language barriers; etc. Remote / electronic check-in will compromise this facet of the check-in process.

Proposed Solution: Advise incoming resources to report to Planning Operations and connect via a dedicated computer utilizing FireNet365 Teams and providing intel with existing IAPs, GIS products, and virtual communication.

Obstacle: *IROC and e-Isuite Compatibility*

At present, IROC has not been integrated with e-Isuite and it does not auto populate basic dispatch data into the system. Until this is resolved, currently projected to be mid-June, all data entry will be manual. This is a labor and timing issue that will affect all sections. After capability is build this will need to be revisited.

Proposed Solution: Utilize more than the usual number of SCKNs to complete data entry.

Obstacle: *Ensuring Resource Order Numbers are Correct*

Without IROC auto populating e-Isuite, an additional related issue is ensuring that all resources have their correct resource order number entered into the database.

Proposed Solution:

- One SCKN may need to be an EDRC with access to IROC; *or*
- C&G could require an extra ORDM or other to access IROC to assist SCKN; *or*
- Providing a tablet/computer and scanner available to incoming resources at the check-in station and require incoming resources to scan and transmit their resource order to SCKN; *or*
- Plans group could work with GACC and have all dispatch centers file all resource orders into the incident's Team 365 environment or email to the SCKN email address for the incident.

Obstacle: *E-Isuite in the Enterprise Environment AND Connectivity*

A work around for e-Isuite Enterprise is needed. This is critical to the mission for all sections to complete their work. This is a labor and timing issue likely affecting all sections. Reliable internet is required.

Proposed Solution: Utilize more than usual number of SCKNs for data entry. Work with ITSS to establish on-site e-Isuite that can then be utilized by both on-site, remote and virtual personnel using hotspots and/or plum cases

Obstacle: *Coordination of data entry among multiple SCKNS and sharing of data with other sections using multiple platforms/technologies.*

Reviewing data input for accuracy, both the virtual check-in form, its Excel output, and what is input into e-Isuite) will be required. Coordinating multiple SCKNS entering data from a "live" database will be required. Ensuring most recent and accurate output is readily available virtually to other sections will be required. How will SCKN interface with SITL, Planning Ops, others and ensure data are transferred in a timely and accurate manner?

Proposed Solution: Working on this / still in development.

Obstacle: The sheer size and numbers of component documents contained in each IAP create increased potential with duplication equipment and when malfunctions occur it may prevent the successful completion of the duty of IAP production, duplication, and dissemination.

Proposed Solution: Utilizing the FireNet365 OneDrive, SharePoint, and Teams site to its fullest capacity to reduce duplication and maximize efficiency.

Obstacle: There will be high demand on using mobile mapping products (AGOL, Avenza, Collector, Survey123) and a corresponding lack of technological skill among all incident responders.

Proposed Solution: Produce a quick guide sheet and place on the FireNet365 SharePoint for incoming resources to utilize.

Finance Section

1. Those rostered IMT positions suggested for deployment to an incident physically on-site and those that can achieve duties virtually.

The Finance Section considered the following options to determine what would work best for efficient and safe operations: virtual (home), remote (hotel or equivalent), and on-site (ICP). Although true incident operating guidelines and protocols can only be finalized on an actual assignment, it appears that the most effective approach for the Finance operation would be to work remotely at a location within commuting distance (less than a one hour’s drive) from the ICP. Finance personnel working remotely should be able to make periodic visits to the onsite ICP for possible situations including the transferring of paperwork, answering of questions, and addressing contract issues. Staffing issues may allow for opportunities for virtual assignments for Finance positions on a case-by-case basis however these situations could be negatively impacted by electrical service shutdowns.

Position	Virtual	Remote	On-site	Comments
FSC		X		
TIME		X		
PTRC		X		
EQTR		X		
COST	X	X		Virtual only a possibility depending on the version of e-Isuite being used and contingent on dependable phone and internet communications.
COMP	X	X		Virtual only a possibility contingent on dependable phone and internet communications.
ICPI		X	X	Inspections will require extensive on-site presence

2. The immediate and anticipated logistical and technical support needs of each on-site and virtual resource in order to successfully accomplish their task.

If the updated Enterprise version of e-ISuite meets expectations it will be used by the Finance section whether set up in either a remote or virtual setting. Using the Enterprise version will also allow us to share the database with Plans whether we are working in the same location or not. All personnel accessing e-ISuite Enterprise will need a NAP account. As a backup we would have the flexibility to use the Site version of e-ISuite in a remote setup. If using the Site version, we could share the database with the Plans group if we are in near proximity. As a last choice, Finance could use the Site version of e-ISuite in a separate database totally independent of Plans.

It is recommended that all FSC's and Finance UL's have active FireNet365 accounts for electronic document access, handling, and filing.

Finance will need internet as well as computers, printers, scanner, fax, copy machine, cell phones, and basic office supplies in a conference room setting at the remote site that would allow for social distancing.

Finance will need adequate working office space as well as access to phone, internet and supplies at the ICP for those who are making visits there. Either a walk-up window to interact with customers or an outside area with an awning would be required for social distancing.

Wherever work is performed substantial support will be needed for supplies and equipment (ITSS assistance).

3. Identify mitigation measures, beyond Area Command Wildland Fire Response Plan for the COVID-19 Pandemic.

The Finance Section will be following the guidelines in Appendix A and B and the latest advice of health and safety authorities. Mask and social distancing protocols will be followed. The sharing of work tables and operating supplies/equipment should be limited.

Electronic, fillable forms will be available for incident resources to use in submitting time records. Procedures for the submission of electronic forms and the processing of remote demob will be set up when possible (email, QR codes, or cell phone pictures may be options). If electronic submission of forms is not possible, only a limited number of personnel (i.e., DIVS or CRWB) will be allowed to collect and drop off paper documents to Finance.

To limit face-to-face interaction, cell phone and email contact information will be collected at Check-in and used if questions or issues arise. Finance will work within the IMT to include information in IAPs, on bulletin boards, emails and other communication avenues to advise incident resources on Finance procedures and availability.

4. The obstacles (process, technology or other limitations) that are unique to each section and/or IMT position that may prevent successful completion of duties.

Comp/Claims Unit

Most interactions with medical facilities can be done over the phone or electronically both in advance and as the need arises. Paperwork can be scanned and emailed/faxed. Phones can also be used to coordinate with the Medical Unit. Possible visits to the ICP may be needed. A process for claims and fire loss/replacement will be developed which could be as simple as texting to the COMP cell phone or emailing to a Firenet account.

Cost Unit

The COST position requires access to the e-ISuite database and will require close coordination with the rest of the Finance Section as well as with other IMT members including the ASGS, FACL, and FDUL.

Time Unit

Most Finance personnel have had experience with the remote processing of time and remote demob. The submission of electronic CTR's and shift tickets will be utilized when possible. FIRENET accounts will be needed for the emailing of shift tickets/invoices. We could also utilize faxing or the pick-up/drop-offs of paperwork as needed. Pre-planning of equipment, accounts/passwords, and ITSS support will be critical.

Procurement Unit

Procurement support for most incident teams is provided through Contracting Officers attached to centralized Buying Teams. We will continue to communicate with them via phone or email for contract modifications/issues as well as LUA's. An increase in the number of LUA's needed may be possible if operational resources are dispersed into numerous base camps and spike camps.

ICPI

ICPI's work for the Finance section. They will have to be at the ICP, spike camps and on the fire line to initiate and complete compliance inspections with vendors under the VIPR program agreements.

A plan will be in place to communicate with ICPI(s) on a regular basis. This will include a system for them to check-in with their Finance supervisor and email documentation of non-compliance to the Finance team.

It may be necessary for Finance personnel to perform cursory review of vendor payment envelopes to determine which vendors have received inspection prior to ICPI's arrival to ICP. This list should be created and provided to the ICPI when they check in to incident, so they do not duplicate inspections. A list of contract/agreement concerns will also be maintained and shared with the ICPI when they check in to the incident.

Additional Finance Input:

CTR's and Shift Tickets that can be signed electronically are available and conversations are on-going with ASC regarding if those can be accepted. Incident computers can be set up to allow for electronic entry by members who do not possess the technology. The possibility of not submitting CTR's (but instead recording hours that are posted on the IAP) has been suggested.

The import of resources into IROC will not be functional until at least mid-June. Inputting resources manually into the database will heavily impact both Plans and Finance and could require additional personnel.

Planning Section guidance will be followed for the process of electronic organization of Finance documents.

Final Finance package requirements should be clarified with incident agency at the beginning of incident.

Wherever work is performed, support needed will be substantial. From Government provided equipment, supplies and materials to ITSS assistance and appropriate workspace.

If a utility company has a scheduled PSPS in any Finance members individual residential area, then working Virtual is not an option. Therefore, it is best to plan for Finance to work either Remotely or at ICP.

Supplements and documents to the CIIMT Incident Response Guide in the COVID-19 Environment

Appendix A:

Team Personnel Travel and kit items for CoVid19 environment:

Travel planning and extra items to pack in a travel kit

All planning should be made before starting to travel. Identify logical stopping points for fuel and restroom breaks in areas of lower COVID-19 cases.

Traveling with the team, RON arrangements will be made by the Logistic section prior to departing the home unit or returning from assignment.

Mask and hand sanitizers shall be worn and used during and after your stop. Each time exiting your vehicle consider exposure to COVID-19 as the risk.

- MREs/food (depending on incident location)
- Personal hygiene kits
- 2 cases of Bottled Water
- Personal Cooler
- 4 Masks/bandanas or some other type of face shield
- 1 box Disposable gloves (nitrile or latex)
- Cloth towel and/or paper towels (for drying hands)
- Toilet Paper
- Sanitizing wipes
- Wet wipes
- Thermometer (individual use type) If you have a no touch type bring it to check personnel in your section

**Appendix B:
Communications Unit BMP's:**

- The Wildland Fire Response Plan COVID-19 Pandemic guide says “Clone one radio for a crew and have crew or resource clone the remainder of their radios. Provide information with directions and tips or tricks for programing.” NOT ALL RADIOS VERSIONS CLONE WELL so we would prefer not to follow this recommendation but instead collect the radios from one crew member, disinfect and clone them and return them on a rapid staggered schedule.
- Expand communications/IT footprint to ensure social distancing in facilities or other structures. Consider having RADOs work from remote/offsite locations.
- Provide standards for cleaning radio kits, repeaters, IT hardware and storage labeling with Comm. Unit team members; include best practices information with kits for care, use and return.
- Utilize cloud-based accounts on a central server for the base camp and used as a repository for each team to transfer data without the use of equipment that would need to be handed off from person to person.
- Document cleaning of devices during an incident and prior to demobilization. For radio repair/replacement – control access to one person at a time.
- All returned equipment should be treated as if it has been exposed to COVID-19. Equipment should be cleaned as prescribed in an approved Communications/IT plan. Personnel will wear required PPE to handle and clean equipment to return to service.

Appendix C: NMAC 2020-13 Availability of PPE and Pandemic Support Items through the NISC System:

3833 South Development Avenue; Boise, ID 83705

NMAC Correspondence 2020-013

April 23, 2020

To: Geographic Area Coordination Group Chairs

From: National Multi-Agency Coordinating Group (NMAC)

Subject: Availability of PPE and Pandemic Support Items through the NISC System

The National Interagency Support Cache (NISC) system has been engaged with the NWCG Emergency Medical Committee (EMC) regarding support requirements and best business practices to address the COVID-19 pandemic at incidents.

The NISC has increased inventory of MREs and bath-in-a-bag, resource orders for these items can be supported immediately. The NISC has also raised the stocking level of the NFES 1660 (single) and 1675 (10 person) infectious disease barrier kits.

The acquisition of several nonstandard cache items is being pursued, including infrared thermometers, nitrile gloves, hand sanitizer, disinfecting supplies, and additional N95 respirators (and other face coverings). These are high demand items, as deliveries are being prioritized to hospitals and other treatment facilities on a national level. As such, the following recommendations and key points are provided:

- IMT members and fire suppression resources are encouraged to travel and arrive to the incident with an initial supply of specialized PPE, hand sanitizer and disinfecting supplies. All personnel should plan to travel self-sufficient for three days, including food and water.
- Infrared thermometers: Until this item is available through the NISC, medical unit staff (including EMTs) should bring their own devices to the incident.
- The NISC currently has a limited supply of N95 respirators which should be reserved for medical unit use at incidents until inventory can be increased. Dust mask or face coverings are recommended for general use.
- The NISC does not typically carry disinfecting supplies but is pursuing appropriate available products in coordination with the EMC.
- Disinfecting and hand sanitizer products will vary from cache to cache, based on availability. Requests for specific product types and brands will require local/Buying Team procurement.

Supplement to Appendix D: PNW: Responses to COVID-19 Exposures or Suspected Exposures

Implement the team or local unit exposure response plan to include tiering to local health services and infrastructure. The IWI Plan and ICS-206/Medical Plan should address processes, protocols and assigned duties for pandemic exposure. Necessary tasks which require input and actions from other sections may be slowed by internet access, location of support personnel, or availability/strength of cell signal (e.g. IWI notifications, emergency demobilization, Hospital Liaison roles, etc.). Typically, IWI protocols have numerous IMT representatives gathering to address the situation. This will need to be purposely evaluated and reconfigured to include who (and how) essential support components will participate in the IWI response. It will be critical to understand and drill with local health services providers. Any patient experiencing flu-like symptoms should be considered COVID-19 positive until proven otherwise. Masks will be worn by all individuals involved during interactions.

Quarantine should be enacted immediately for potentially exposed individuals and isolation should occur for those determined to be sick (e.g. tested positive or displaying symptoms). If the individual presents in a manner that is detected by the screening tool (e.g. fever, sore throat, cough, etc.), they would be classified as a Green in the IWI/Medical Incident Report (8 Line). Shortness of breath or difficulty breathing may be classified as a Yellow. If they present asymptotically, the IWI process will not need to be initiated, but these situations and the responses needed should be addressed in the exposure response plan. See the considerations listed below by functional area.

Personnel should report potential exposures or symptoms of COVID-19 to their supervisor immediately and initiate self-quarantine/self-isolation until they receive further direction from the medical staff. The supervisor will report through the chain of command to the IC.

If the patient's condition does not require an ambulance, the patient should be transported in the same vehicle they arrived in, if practical. All people riding in the vehicle should wear a mask. If telehealth is available, that is the preferred method of physician consultation. Initiate employee exposure tracking and ensure reporting to local public health and C&G.

If the On-Site Section member is suspected to have been exposed, the Remote rostered resources may need to backfill.

Considerations by Section:

Suspected Exposure

Command:

- Contact the Agency Administrator and follow pre-defined agency and cooperator guidelines for notification procedures, or as defined in the delegation of authority.
- Notify HRSP.

Safety:

- Ensure the most current direction from the Centers for Disease Control and Prevention and local health authorities is followed.

- CDC: <https://www.cdc.gov/coronavirus>
- California state health department <https://www.cdph.ca.gov/>
- If directed, assist the Public Health Authority with fact-finding regarding potential origin or recent exposure of a suspected patient.

Information:

- Contact the Agency Administrator's Public Affairs Officer (PAO) and other relevant PAOs to alert them to the situation and advise what actions are being taken.
- Prepare messaging within Health Insurance Portability and Accountability Act (HIPAA) boundaries for potential media inquiries.
- Remind incident personnel of "pause before you post" social media guidelines.

Logistics:

- Ensure disinfection of equipment, including vehicles used by suspected/infected individuals. Understand the difference between disinfection and decontamination and recognize that proper PPE use for COVID-19 decontamination requires training.

Medical:

- Incident staff will work to identify and inform anyone else who was working with affected person, check for symptoms and determine if there is a need for decontamination or further action.
- Incident staff may interview the person affected for symptoms and determine locations and other personnel that might have been exposed, using COVID-19 approved protocols. When possible use virtual interview methods. Local health agencies have responsibility to conduct formal contact tracing.
- Follow agency protocols and regulations regarding use of affected person's name(s) and information.

Plans:

- The servicing local dispatch and Geographic Area Coordination Center (GACC) should be advised of the situation, and adjustments made for demobilizations, reassignment of duties, or holds associated with the IMT's established procedures in conjunction with the individual's home unit.
- Be prepared to adjust resources in the event of an exposure to other personnel.

Finance:

- The MEDL will contact the Compensations Claims Unit Leader (COMP) or the FSC if a COMP is not available to ensure the appropriate workers' compensation paperwork is completed. The MEDL will follow standard operating procedures for arranging transportation from the incident to the medical facility and return.
- The COMP or FSC will ensure the proper paperwork is processed based on the patient's employment.

Additional Considerations by Section: *Confirmed Exposure***Information:**

- If incident personnel are hospitalized, follow Information Emergency IWI Plan and contact hospital public relations staff for a controlled and unified message.

Logistics:

- Transport of individuals with known cases should be by qualified EMS/fire personnel in full PPE recommended for protection from COVID-19 by federal, state, and local health authorities.
- 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 facility.

Medical:

- Contact with the individual should be limited to only necessary, specially trained and designated caregivers.
- Follow-up appropriately with Public Health Authority for formal contact tracing.
- Inform other IMT section leads as indicated by IMT protocols.
- Work with public health officials to determine any additional control measures. Public health officials may exercise authority in further management of the incident.
- Any arrangements to isolate the symptomatic personnel will be managed by the IMT until the individual's home unit is fully engaged.

Communications:

- Communications involvement will occur if the patient's symptoms trigger the IWI process and involvement will follow the IWI plan.

Operations:

- Be prepared to adjust resources in the event of an exposure.

Finance:

- Any arrangements to isolate the symptomatic fire personnel will be handled through a resource order if necessary, until the individual can be transported home or return to duty.

Managing an Incident within an Incident

C&G members will continue to follow current IWI protocols as outlined in their team's Standard Operating Procedures. Additional considerations:

- The location for C&G members to assemble during IWI occurrences may need to be moved outside of the Communication Units to facilitate physical distancing. Ensure conversations can be conducted in a noise-free environment that will respect HIPAA parameters.
- Some C&G members may be working virtually and not physically located at the ICP, emphasis will be placed upon providing group text messages or other messaging platforms to keep C&G members updated with current information during IWIs. This may also reduce the number of C&G members physically assembling at the designated rally point.
- All line medics and other Emergency Medical Service (EMS) personnel responding to injuries or sicknesses will be properly equipped with the PPE needed to safely treat and manage all possible IWI including possible COVID-19 positive cases. Follow CDC recommendations.
- Aviation contractors are currently updating pandemic procedures and mitigation measures which would allow them to transport firefighters, including those who may suffer an injury or sickness on incidents. We do anticipate aviation's ability to support emergency medical transport.
- Medical Unit will have plans in place to safely transport injured or sick patients if aviation is not able or available to provide needed transportation and care.
- Medical Unit will have plans in place to separate suspected pandemic patients from others. This may include designated transportation/vehicles, facilities and caregivers.
- Notify the local public health department and request assistance.
- Direct media questions and reactions to the incident PIO or local or state Public Health Official, or designee determined at the incident in-brief.
- Recognize that the local health system may not be able to handle the influx of symptomatic personnel from the incident.

Managing Individuals Needing Quarantine and/or Isolation

Given the nature of this pandemic, IMTs should expect to see COVID-19 development in incident personnel and be asked to manage situations that are unprecedented. This section provides guidance on how to manage those resources assigned to an incident who need quarantine or isolation.

Care for incident resources is top priority. It is critical that the IMT remain focused on the incident at hand. Fire facilities, Base Camps and ICPs are not designed to support pandemic quarantine or isolation units long term. Individuals will remain in IMT facilities for as short a duration as possible, ensuring the highest levels of patient care and the camp's integrity.

This guidance hopes to allay concerns causing resources (or their supervisors) to limit availability to the national response effort. It attempts to ensure consistent IMT application of policy, while providing for uniform continuity of care for those who are impacted by COVID-19 while under a team's watch.

Preplanning

Prior to cases needing quarantine or isolation surfacing on an incident, it will be critical that the right decision makers are involved in conversation and planning. It is also recognized that each situation will be unique, and the established system may need to be adjusted to fit situations as they arise. GACC/Host Agency involvement, Local Health Department support, agency policy and IMT SOPs may influence the situation.

When pre-planning consider:

- Is a “working” quarantine possible?
- Is self-quarantine an option?
- Is more formal quarantine needed?
- Number of individuals involved: Is it one person, or an entire “Module as One”, or members from multiple modules?
- How symptomatic is the individual?
- What is the distance between the incident and the home unit location?
- What methods of travel are available and make sense to consider?
- Do local/state government travel restrictions exist related to COVID-19?
- What hosting agency policy and owning agency policy need to be considered?
- Which positions and personnel are best positioned to assist these incident resources?
- How will we take care of that incident resource (physically, mentally, and administratively) during the required separation?
- How do we take care of those supporting individuals needing quarantine or isolation?
- How do we track individuals in quarantine or isolation while maintaining HIPAA (removed from ICS-204s or separate ICS-204, use of names, those in working quarantine, etc.)?

Demobilization

Demobilization of individuals or modules needing quarantine or isolation will be conducted virtually to limit additional pandemic spread. Demobilization is likely to include a Step-Up series of locations which is described in each Scenario below.

Financial Support

A consistent approach for employees being demobed and in need of quarantine and/or isolation outside of the home will ensure seamless logistical support for lodging and meals during their quarantine and/or isolation. The incident will communicate with the home unit on who will make the arrangements if the individual is unable. This also eliminates the concern of how to pay for these costs and ensures that support will be provided.

This in no way validates claims for related medical treatment, wage loss or disability related to the conditions or associated complications of COVID-19.

Federal/State Agency individuals will be provided a letter from the Incident Commander recommending the need for further quarantine or isolation. If the individual requires lodging outside of the home, those costs will be reimbursed by the incident. An S-number will be provided to the individual at demobilization to cover those associated lodging/meal costs during the defined quarantine and/or isolation period if that individual is not able to quarantine and/or isolate at home.

Cooperators will be provided a letter from the Incident Commander recommending the need for further quarantine or isolation. Provisions will be provided by each agency's guidelines.

Contractors will be provided a letter from the Incident Commander recommending the need for further quarantine or isolation. Contractors who have been exposed are unable to be quarantined on-site. They will be demobed and follow their business employers' protocols.

Note: operators of contracted resources not fit for duty will be demobilized and placed into non-pay status pursuant to D.21.8.3 - Exceptions.

Quarantine/Isolation Integrity and Oversight

It is critical that after demobilization, quarantine and isolation must remain in place uninterrupted until CDC Return to Work guidelines are met. A letter will accompany individuals released from the incident with instructions on when their status can change, along with contact information should questions arise. Due to HIPAA concerns, confidentiality must be maintained, but home units will be advised that their employee(s) will need to be quarantined or isolated.

Quarantine duration is set with the COVID-19 virus epidemiology in mind to monitor the individual for symptom development; current CDC recommendation is 14-days from exposure prior to ceasing quarantine. Those in isolation will need to become asymptomatic and meet current CDC Return to Work guidelines (72 hours since no fever without the use of fever-reducing medication, at least 10 days since last symptoms, etc.).

The IMT/host agency will designate a point of contact (POC) and who will provide further tracking and support for individuals in quarantine or isolation until they are transferred to the home unit's authority or the GACC/host agency's quarantine/isolation POC. The IMT POC could be in a variety of positions including the incident's Health Liaison, an Isolation Medical Unit Leader or other designee.

The GACC/host agency should support designated COVID-19 cases from multiple incidents with the establishment of infrastructure and dedicated personnel. This will include creating, staffing and maintaining services for a central quarantine location(s) and Isolation Medical Unit(s). This critical support will enable IMTs to remain focused on

fire suppression and COVID-19 prevention efforts. It also provides the best continuity of care and streamlines tracking for those individuals directly impacted by COVID-19 while under the host agency's ownership and responsibility. This level of support and coordination from the GACC/host agency will facilitate the most efficient return to work, and ensure resources are available to the system.

Specific Quarantine/Isolation Situations Described

The audiences addressed in the scenarios below have been determined by the IMT to need quarantine or isolation:

1. Quarantine

These individuals have been **exposed but are NOT symptomatic**.

There are three ways in which quarantine can be implemented: A) some may remain in active working status; B) some are demobed; and C) some within demobilization face challenges in their return travel.

A) Consider a “working” quarantine when the situation enables an adequately low risk of exposing others. This may be when an individual or “Module as One” is in an isolated area, with few other resources, if any, or working in a remote location (effectively quarantined already). Individuals in this category still contribute to the overall incident effort but will need to monitor their health and be diligent about physical distancing and PPE use more closely. They will conduct self-screenings at least daily (recommend twice 34 daily) and immediately report changes in their symptoms to their supervisor and the COVID-19 IMT POC. Symptom changes will shift their status to needing isolation and the IMT's support plan will be enacted. See over-arching quarantine items below.

B) Resources will be demobed if continued assignment to the incident is not feasible or the duration of their assignment naturally arrives. See over-arching quarantine items below.

C) Some individuals in quarantine may find travel challenges in returning to their home unit. Travel restrictions may come from local/state government pandemic guidance or logistical considerations (flying back to duty location, etc.). When possible, logistics will work to address the mode of travel (i.e. working with home unit for vehicles or using a rental vehicle). Governmental restrictions may be more challenging to overcome, requiring the quarantine to be conducted near the hosting location rather than the owning agency's location. See over-arching quarantine items below.

Over-Arching Items for All Quarantines:

- Adhere to strict physical distancing and wear cloth face masks while less than 6' from others.
- Have those in quarantine keep good contact records.
- Conduct daily screenings and self-checks to monitor for symptoms consistent with COVID-19 (Appendix C).

- IMT/incident host unit in conjunction with the GACC/host agency and local health department will have a designated quarantine location established. Unless working while quarantined, the individual will be housed in that location. ▪ The initial location is intended to be used for a short duration and may be a yurt, hotel room, individual's tent set up in a separated location, or classroom. This facility would be in use until travel arrangements can be made and travel initiated.
- The Step Up location (either near the incident, near the home unit, or potentially one on each end of the travel corridor) could be a local or county facility, hotel room, individual's home, government housing, or other quarantine location that is chosen based on number of people, location, duration of expected use, etc.
- Logistics may provide meals and water as needed - items will be delivered in a contact-free way.
- Those in quarantine should clean and disinfect high touch surfaces including those in vehicles, equipment/tools, and radios/phones. Checklists can be used to ensure potentially contaminated surfaces are cleaned and disinfected on regular intervals. ▪ To clean, use soap and warm water (or similar detergent) prior to disinfecting.
- After cleaning the surface, disinfect it using an Environmental Protection Agency (EPA)-registered household disinfectant wipe or a bleach/water solution (at least one-third cup bleach per gallon of water or 4 teaspoons per quart).
- Medical oversight providers will abide by current CDC PPE recommendations when interacting with those in quarantine; PPE may include gloves, a gown, and a face mask.
- Given the exact situation, assignment extension to the incident may be considered (e.g. if a working quarantine is used) to allow the individual to serve the full time in quarantine without travelling.
- Ensure the individual's home unit is kept updated, keeping in mind HIPAA considerations.
- IMT/Host unit will work with the individual's home unit to develop the best means of transportation. ▪ Is there a vehicle the person can use to drive themselves home?
- If others will drive/ride in the vehicle, ensure quarantine procedures are adhered to during travel.
- Ensure individual understands quarantine behaviors needed for fuel and rest stops.
- If travel cannot be accomplished in one shift, the incident will pay for the rest overnight (RON) location. Follow Red Book guidance on duty day driving, etc.
- Ensure health evaluations are on-going and symptoms do not develop. If symptoms present, the individual is to notify their incident POC and their supervisor immediately.
- The quarantine time period will run its full duration, regardless of location, until fully elapsed and the individual meets current CDC criteria for exiting quarantine.
- Ensure the individual has contact information for HRSP, finance, demob, home unit dispatch, etc. in case additional information, questions or claims arise.

- A specific POC will be designated for individuals in quarantine and routine check-ins will occur during the length of quarantine.
- Recognize that stressors from quarantine and/or isolation can be associated with post-traumatic stress symptoms. Anger due to confinement and loss of regular routine, fear for their health or the health of those they care about, frustration due to lack of supplies or information, as well as a perceived loss of control can combine into a cumulative negative effect that may require additional support. Refer to mental health support services (e.g. peer support, CISM, HRSP, chaplains, etc.).

2. Isolation

These individuals have been exposed and ARE symptomatic.

Individuals in isolation will generally be considered either A) able to travel or B) unable to travel. Travel restrictions may come from local/state government pandemic guidance, logistical considerations (flying back to duty location, etc.), or could be based on the illness presentation/severity of symptoms.

- A) **Isolation Individual that IS able to travel:** Travel considerations must incorporate the best ways to travel responsibly and prevent illness spread. PPE will be worn to protect others from being exposed while the Isolated individual travels. It may include gloves and a face mask (CDC recommendations are for a N95 filtering respirators). The potential for symptoms advancing while in travel status should be considered in trip planning. Ensure health evaluations are on-going and symptoms do not become debilitating, impacting safety of travel. If so, the individual is to notify their Incident contact immediately. Prepare for the need for emergency medical care, generally accessed by dialing 911 in most areas; however, this needs to be confirmed before departing.
- IMT/host unit will work with the GACC/host agency and the individual's home unit to develop the best means of transportation.
 - Is there a vehicle the person can use to drive themselves home?
 - If others will drive/ride in the vehicle, ensure isolation procedures are adhered to during travel.
 - Ensure individual understands isolation behaviors needed for fuel and rest stops.
 - Logistics can assist with securing a vehicle (from home unit, host unit or a rental, etc.).
 - If travel cannot be accomplished in one shift, the incident will pay for the RON location. Follow Red Book guidance on duty day driving, etc. See overarching isolation items below.
- B) **Isolation Individuals NOT able to travel:** Logistics may provide meals and water as needed until the individual is transferred to the off-site isolation facility. Items will be delivered in a contact-free way. The Step-Up location could be a formal care facility or hospital based on symptoms. At this point the individuals will become the GACC/host agency's responsibility. Deferring the support effort from the IMT will allow them to focus on suppression and pandemic prevention

efforts. The situation can be re-evaluated as needed to determine if travel becomes feasible. See over-arching isolation Items below.

Over-Arching Items for All Isolation Individuals

- An entire “Module as One” may need to be included in the isolation if all members are experiencing symptoms.
- Adhere to strict physical distancing.
- Prohibit visitors who do not have an essential need to be in the isolation location.
- Have those in isolation keep good contact records.
- Ensure health evaluations are on-going and symptoms do not become debilitating, impacting the individual’s life safety. If so, the individual is to notify their Incident contact immediately. Prepare for the need for emergency medical care, generally accessed by dialing 911 in most areas; however, this needs to be confirmed.
- IMT/incident host unit in conjunction with the GACC/host agency and local health department will have a designated isolation location established. ▪
- The initial location is intended to be used for a short duration and may be a yurt, hotel room, individual’s tent located in a separated area, or classroom. This facility would be in use until arrangements can be made to move the individual to another location.
- The Step-Up location could be a local or county facility, hotel room, individual’s home, government housing, or other isolation location that is chosen based on number of people, location, duration of expected use, etc.
- For Caregivers to those in isolation, PPE may include gloves, a gown, a face shield and at a minimum, a face mask. CDC recommendations are for a N95 filtering respirators for workers managing an employee that has symptoms of COVID-19. If respirators are needed, they should 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).
- Logistics may provide meals and water as needed - items will be delivered in a contact-free way.
- Ensure the individual’s home unit is kept up to date, keeping in mind HIPAA considerations.
- Demobilization will occur virtually.
- The isolation period will run its full duration, regardless of location, until the individual meets current CDC Return to Work guidelines.
- Ensure the individual has contact information for HRSP, finance, demob, home unit dispatch, etc. in case additional information, questions or claims arise.
- A specific POC will be designated for each individual in isolation and routine check-ins will occur during the isolation.
- Recognize that stressors from quarantine and/or isolation can be associated with post-traumatic stress symptoms. Anger due to confinement and loss of regular routine, fear for their health or the health of those they care about, frustration due to lack of supplies or information, as well as a perceived loss of control can combine into a cumulative negative effect that may require additional support.

Refer to mental health support services (e.g. peer support, CISM, HRSP, chaplains, etc.).

Recommendations for Designated Isolation Medical Unit (IMU)

- Placement of IMU should be located away from other incident support facilities. Consider a visual barrier to the front door such as flagging and signs to prevent unauthorized people from entering.
- The IMU should be equipped with a computer and functioning internet for the ability to contact providers and public health via secure telemedicine platforms. If no internet is available, an alternative site with internet should be authorized.
- Consider the ability to expand if needed.
- Secure secondary “hold-over” area for suspected patients who are unable to immediately return to home station. This removes patients out of the initial assessment and treatment area and decreases the potential rate of transmission.
- If symptoms warrant, the patient may need to be seen by a health care provider before returning home. MEDL will make recommendations based on patient assessment.
- Ensure there is adequate parking for staging ambulance if required.
- No personal gear will be stored in IMU.
- No food or water consumption by medical staff in IMU.
- Store bottled water for patients in clearly marked COVID-19 cooler.
- No overnight sleeping of staff in IMU.
- In an effort to provide the best care for the patient and maintain camp integrity, isolation Medical Units should only be occupied by a patient for as short a time as possible while arrangements are being made to transport the patient to their home, their home unit, to a higher level of care facility, or other agreed upon location.

Tracking COVID-19 Impacts to IMTs

It may be expected that IMTs will track COVID-19 impacts. Elements of this can include, but are not limited to:

- Updates of all suspected and confirmed incident COVID-19 cases
- Emerging trends in infectious rates on the incident
- Number of patients awaiting return to home unit and any delays in demobilization.

**Appendix E:
Daily ICP Infectious Disease Go / No Go Checklist**

DAILY ICP Infectious Disease Go No Go Checklist

SAFETY OFFICER (RESPONSIBILITIES)	ASSIGNED	IN PROGRESS	COMPLETED
Establish Infection Control Measures for incident.			
Incorporate Infectious Disease Control safety messages.			
Document symptoms and exposure history from MEDL.			
Brief all incident personnel on proper hygiene habits.			
In coordination with Medical contact local Public Health Department for COVID 19 Brief.			

MEDICAL UNIT LEADER (RESPONSIBILITIES)	ASSIGNED	IN PROGRESS	COMPLETED
Establish protocols to ensure all incident personal use of soap and water and or hand sanitizer.			
Order and stock Disease Barrier Kits (NFES 1660) to assist in the treatment of symptomatic fire personal.			
Order and stock Multi-Person Disease Barrier Kits for 10 Persons (NFES 1675)			
Establish protocols to ensure all unit resources wear PPE handling medical waste.			
Monitor and document infection control measures.			
Coordinate with Logistics to establish/pre-identify lodging or sleeping area for isolation of symptomatic incident personnel.			
Monitor and document rigorous sanitary and personal hygiene practices.			
Document all affected incident personal symptoms.			
Ensure local agency has established Hospital Liaison.			
Establish contact with local health department when there are incident personnel with infectious disease.			

LOGISTICS UNIT LEADER (RESPONSIBILITIES)	ASSIGNED	IN PROGRESS	COMPLETED
Confirm portable hand wash stations have been set up at all meal areas and at all portable toilet areas.			
Confirm and monitor the cleaning schedule of frequently touched surfaces throughout ICP.			
Establish protocols to ensure the use of soap and water for all incident personnel.			
Provide Hand Sanitizer with at least 60% alcohol base. Incorporate this with previous element.			
Establish schedule to ensure portable toilets are rigorously sanitized at recommended intervals.			
Establish protocols to ensure portable shower units cleaned and rigorously sanitized at recommended intervals.			
Work with Camp Crew to follow Infection Control Measures.			
Coordinate with MEDL to confirm lodging or sleeping area for Isolation of Symptomatic Incident Personnel.			
Establish Quarantine Facility Checklist.			
Initiate controls for elimination of cross infection. May require Isolation of symptomatic incident personal.			

FOOD UNIT LEADER (RESPONSIBILITIES)	ASSIGNED	IN PROGRESS	COMPLETED
Ensure all food service personnel are following establish hygiene practices.			
Ensure no condiments on tables, use of dispensers and one time use only.			
Ensure no salad bars, all side salads should be set in individual use only.			
Monitor and document Food Service cleaning and disinfecting of dining area.			
Set up dining area following social gathering guidelines.			
Provide wash station at entrance of food line.			

Confirm availability of separate dining area for symptomatic incident personnel			
---	--	--	--

Ensure all IMT Units are working together daily on camp mobilization following established Infectious Disease Control Guidelines. Review this process daily at the C&G lunch. Ensure Finance, Plans, and PIO are briefed daily.

Print Name _____

Signature _____
Safety Officer

_____ Date

Print Name _____

Signature _____
MEDL

_____ Date

Print Name _____

Signature _____
Logistics

_____ Date

Print Name _____

Signature _____
Food Unit Leader

_____ Date

Print Name _____

Signature _____
Incident Commander

_____ Date

Appendix F: Wildland Fire COVID-19 Screening Tool**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

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.

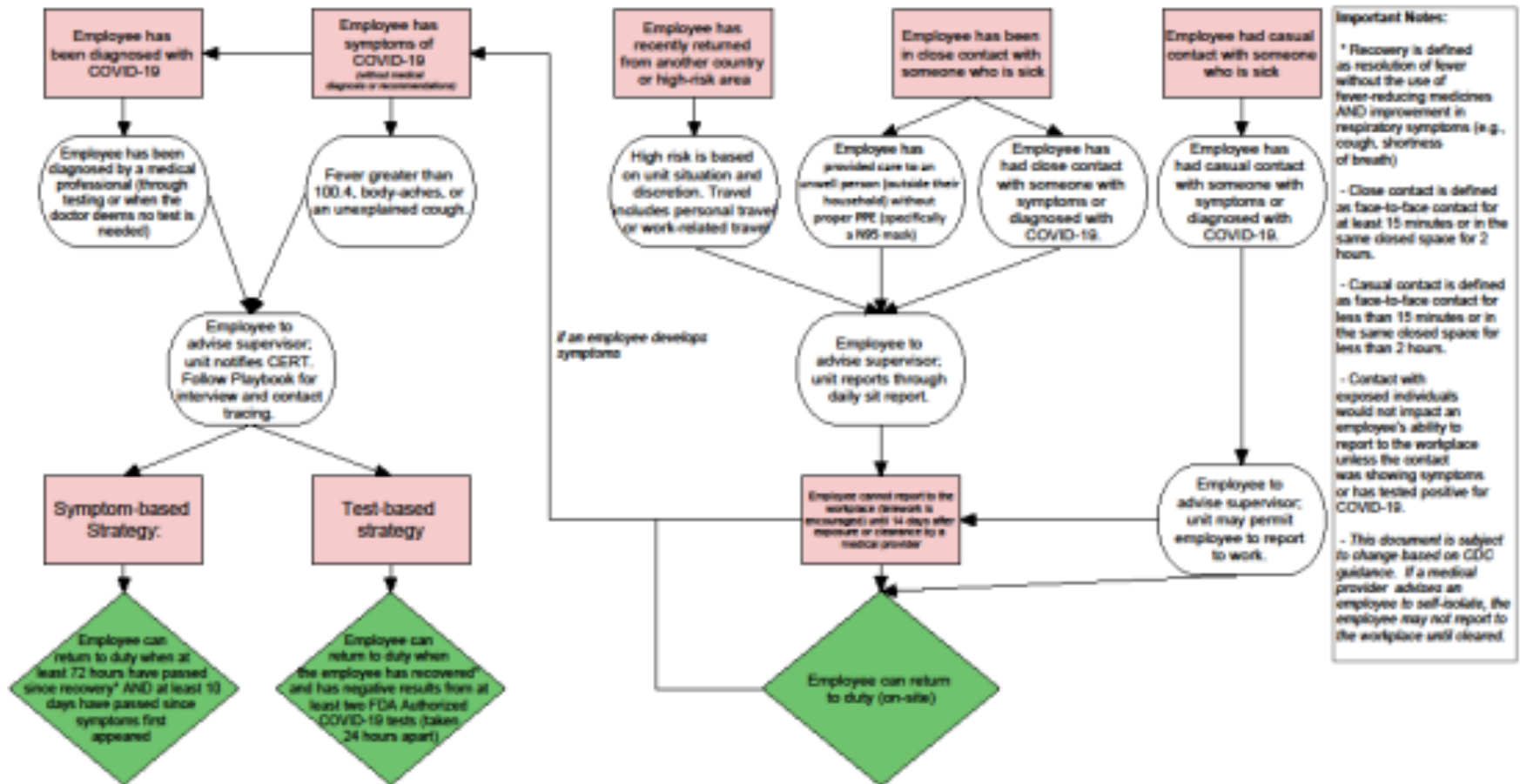
Appendix G: Region 5 Pacific Southwest Region COVID-19 Response Action Process



Region 5 Pacific Southwest Region COVID-19 Response Action Process

May 8, 2020

COVID-19 Response and Employee Notification



Important Notes:

- * Recovery is defined as resolution of fever without the use of fever-reducing medicines AND improvement in respiratory symptoms (e.g., cough, shortness of breath)
- Close contact is defined as face-to-face contact for at least 15 minutes or in the same closed space for 2 hours.
- Casual contact is defined as face-to-face contact for less than 15 minutes or in the same closed space for less than 2 hours.
- Contact with exposed individuals would not impact an employee's ability to report to the workplace unless the contact was showing symptoms or has tested positive for COVID-19.
- This document is subject to change based on CDC guidance. If a medical provider advises an employee to self-isolate, the employee may not report to the workplace until cleared.

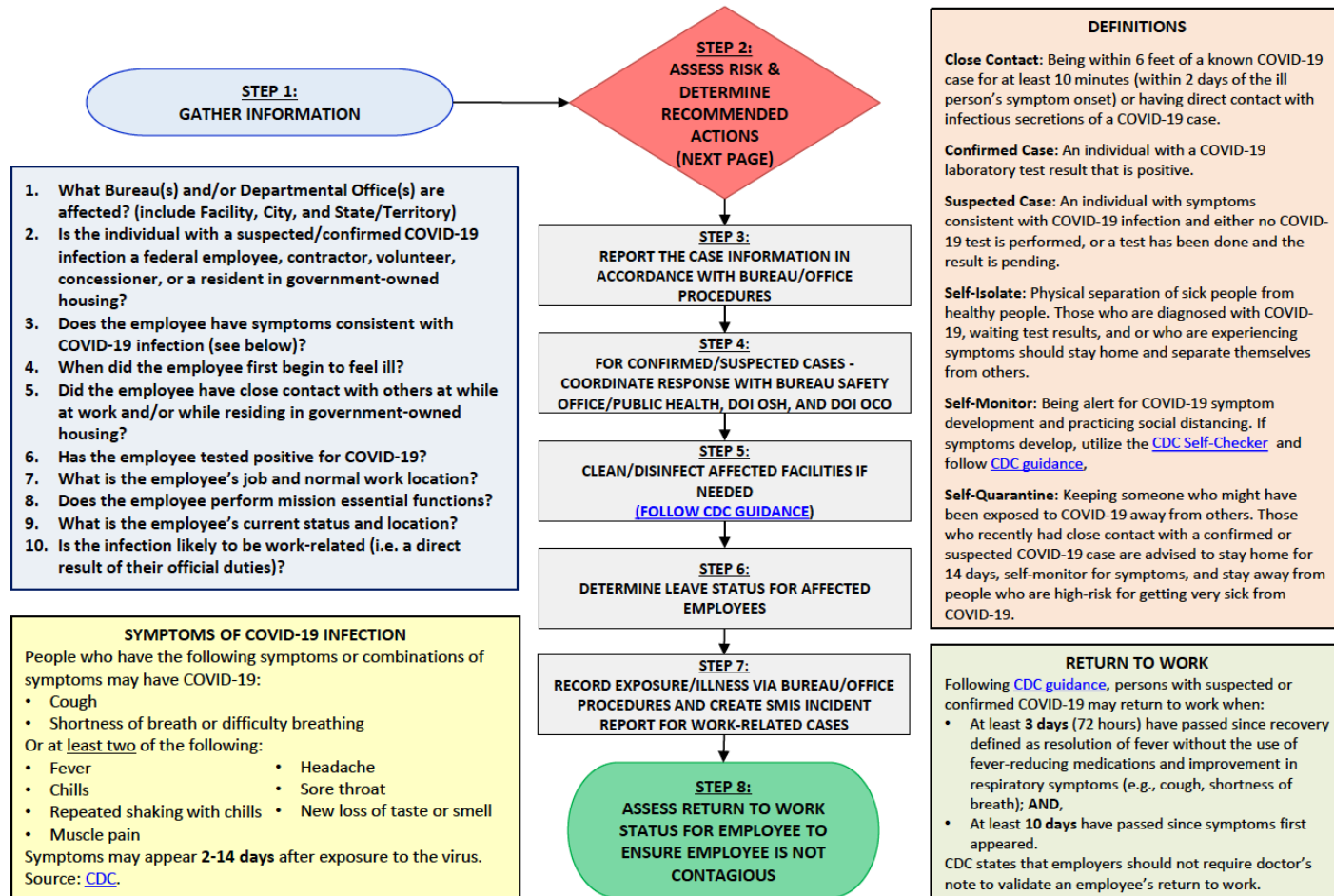
Appendix H: DOI COVID-19 Decision Matrix Guide

Revised 5/5/2020

DOI COVID-19 Risk Assessment & Decision Matrix for Managers



Instructions: This tool was developed to assist agency managers with assessing risk and determining appropriate actions to prevent and mitigate the spread of COVID-19. Follow the steps below in order and utilize the flowchart on the following page to determine recommended management actions.



Appendix I: MEDL Operational Plan

The Medical Unit will plan to follow CDC recommendations as well as the procedures outlined in the Wildland Fire Response Plan, Appendix A- Best Managing Practices. The intent of the Medical Unit for the COVID-19 Pandemic is to have a strong plan that concentrates on the prevention of the spread of COVID-19 and a response plan to deal with a positive patient who arrives at camp. For the Medical unit, having a Medical support trailer like Frontline or Mountain Medics will play an essential and vital role in the success in dealing with COVID-19. The benefit to this type of system in place is they have already built in for social distancing when dealing with patients. They also come equipped with the ALS infrastructure already in place. The isolation tent will be another essential part on our readiness to be able to isolate patients that present with possible S/S of COVID-19. For units like Comms that need to program radios, or supply unit we will need to set up distribution areas complete with disinfectants, gloves, masks, and sneeze guards to create barriers when social distancing standards cannot be adhered to. We believe having a Liaison Officer assigned to the medical group will help greatly with helping the patient deal with the situation and the procedures required by the home units for COVID-19.

The Medical unit will also coordinate with the local Agency regarding their COVID-19 response. This will include, testing patients and result times, isolation procedures, and transportation requirements.

Prevention:

- Practice social/ physical distancing
- Require face coverings when social distancing cannot be maintained
- Have a supply of disinfectant equipment for each area. This could include disinfectant wipes, hand sanitizer, gloves and encourage frequent hand washing.
- Have a daily cleaning of all areas using EAP approved disinfectants.
 - Some EAP approved disinfectants include -Strike Back, and Decon-7. We can investigate direct order possibilities.
 - Lessons learned suggest using a contracted cleaning crew like Serve Pro or other company that would specialize in doing this.
- Proper hygiene care and PPE cleanliness must be adhered to. This holds true for crews that may be spiked out

Incident response:

- Symptom monitoring
 - Implement the Wildland COVID-19 Screening tool. This could be handed out at check-in and added to the IAP to minimize confusion. Each supervisor should be aware of what to look for when screening.
 - Have modules monitor crew temperature readings daily.

- Isolate any positive patient in a quarantine area, arrange to have module return to home unit to follow local treatment protocols and to limit exposure to the rest of the incident.
- Develop relationship with local Agency and find out local response to the COVID-19 situation. They may have a testing facility already set up.
 - We can also give them a heads up about our incident arrival if none has been set up yet.
- It is **STRONGLY** recommended to have/ order a Medical Support Trailer like Frontline Medical or Mountain Medics that has a dispensary window to maintain isolation distance.
 - These units also have a treatment area for non COVID-19 related medical situations
 - They also can track patient S/S to help establish algorithms of incident illness and injuries.
- Have an isolation tent for monitoring, try to provide air scrubbing abilities.
- Have an assigned Liaison Officer for COVID-19 response. This person will be the point of contact for the patient, home agency and local Agency to have a good flow of information and not have things slip through the cracks. This position will play a key role in the exposure response plan
 - Every agency will have their protocol in handling COVID-19 issues. The Liaison Officer can act as the point person.
- Having 2 incident ambulances assigned to camp and familiar with the local protocols regarding COVID-19.

Immediate need Pre-Order in addition to current pre-order list

- 1- Medical Support Trailer (Frontline or Mountain Medic type) that has a dispensary window, it should have ACLS capabilities-Advanced Cardiac Life Support. Unit has a treatment area that can handle a non- COVID-19 related symptom and staffed with 1- Paramedic and 2- EMTs. Having this ordered will play a vital role in the success of the incident.
- Have a minimum of 2 qualified MED-Ls on the initial callout
- Medical Isolation tent with 4 beds for potential COVID-19 exposure. These beds must be separated by non-porous dividers.
- 5- cases 4oz. bottles of hand sanitizers, this will be for C&G areas
- 5- cases of EAP approved disinfectant wipes.
- 2 -cases each Med, Large, and Extra- Large nitrile examination gloves, for use where team interacts closely with others. Medical, Comms, Supply for example.
- 2- cases patient masks (procedure mask)
- 1- case N-95 masks
- 2- cases disposable examination gowns
- 1 case face shields for medical use
- An additional 5- FEMP's, 5- FEMT's

- 5- 4'X3' plexiglass sneeze guards with stands/ base, for Comms, Medical, and Supply
- Min 5- no touch infrared thermometers
- Min 2 ALS ambulances and 2 BLS ambulances

Follow up order once camp is established.

- Professional cleaning co. one able to disinfect work areas.
 - If no company available look at ordering EAP approved disinfectant liquid like Strike back or DECON-7
 - 10 Hudson sprayers to use with disinfectant
 - Additional support staff for disinfecting duty

If we expand into additional camps / spike camps they must have same compliment of medical supplies and staff for each camp.