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# Guidance for Prevention and Management of COVID-19 During Wildland Fire Operations

Source: Wildland Fire Medical and Public health Advisory Team (MPHAT)

## Rationale

The wildland fire community's greatest resource is our personnel, and ensuring our personnel are healthy is the first step in meeting the wildland fire mission.

The best way to prevent COVID-19 is to avoid being exposed to the SARS-CoV-2 virus causing COVID-19. Due to the nature of the wildland fire work environment, not every recommendation listed below will be feasible and some may need to be modified depending on the uniqueness of one's workplace or fire environment. It is important to emphasize that identifying and preventing the spread of COVID-19 will be critical as all agencies strive to keep their workforce healthy throughout the fire season. Fire agencies should also complete a **hazard assessment** (<https://www.osha.gov/shpguidelines/hazard-identification.html>) to identify potential hazards related to COVID-19. The **Hazard Assessment and Prevention Toolkit for COVID-19** (<https://www.nwcg.gov/partners/fmb/hazard-assessment-prevention-toolkit>) provides a framework to complete the assessment.

## Summary of Major Updates (July 2021)

- Due to the transitory nature of our workforce from states across the nation, their unknown vaccination status, and the limited number of qualified personnel, it is recommended that everyone follow COVID-19 prevention and mitigation guidance for unvaccinated individuals. This includes:
  - Wearing a mask in fire camp, unless outdoors and able to maintain at least 6ft of distance at all times, alone in an enclosed space or actively engaged in firefighting on the fireline.
  - Practicing physical distancing.
- COVID-19 Symptoms include: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea.
- If the public health department does not coordinate with the COVID-19 positive employee or agency, the agency should do their best to determine close contacts and needs for quarantine and testing. Visit the FMB COVID-19 **Case Investigation and Contact Tracing webpage** (<https://www.nwcg.gov/partners/fmb/contact-tracing>) for more information.
- Incidents meeting large fire criteria and submitting an ICS 209 (300-acres brush or 100-acre timber) are required to report any COVID-19 related activity into the Incident COVID-19 Tracker. Access to the tracker may be requested by e-mail at: **Incident COVID19 Tracker@doi.gov** ([mailto:Incident\\_COVID19\\_Tracker@doi.gov](mailto:Incident_COVID19_Tracker@doi.gov))

# Summary of Major Updates (May 2021)

- Application of the *Module as One* concept has changed. *Module as One* should be used by crew and modules to reduce exposures to COVID-19 from outside resources or the public, and no longer as a tool to operate in close quarters without masks. Further, because Incident Management Team (IMT) members often travel from various locations, are not able to quarantine ahead of assignment, and often interact with the public and many other IMT members – they cannot achieve a closed “family” unit or be a *Module as One*.
- Availability of the COVID-19 Vaccination. MPHAT recommends the COVID-19 vaccination for wildland fire response personnel to maintain critical fire operations. The full recommendation can be viewed here: <https://www.nwcg.gov/sites/default/files/docs/eb-fmb-m-21-002a.pdf> ([//www.nwcg.gov/sites/default/files/docs/eb-fmb-m-21-002a.pdf](https://www.nwcg.gov/sites/default/files/docs/eb-fmb-m-21-002a.pdf)).
- Quarantine requirements for vaccinated individuals has changed. No quarantine is required if an individual can show they have had a full series of COVID-19 vaccine and is 14 days out from the last vaccination and is without symptoms. It is recommended that the individual be tested for COVID-19 following an exposure and thorough routine workplace screening programs should continue.
- Cleaning with products containing soap or detergent once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. If the space is a high traffic or use area or certain conditions apply, cleaning and disinfection may need to occur more frequently.

## Recommendations

The majority of the following recommendations are based on guidance released by the Centers for Disease Control and Prevention (CDC). These recommendations continue to be modified as more research is conducted and information is learned about identifying, preventing, and treating COVID-19.

### Maintaining a Healthy Workforce

All fire personnel are susceptible to contracting COVID-19. Because of this, the health and well-being of all personnel must be a priority throughout the fire season. Vaccination against COVID-19 along with masks, social distancing, and good hygiene will support the health of fire personnel and are important ways to prevent the spread of COVID-19 and maintain the health of all fire personnel.

- All fire personnel should get a COVID-19 vaccine to maintain critical fire operations. Vaccines are one of the most effective tools available to protect health and prevent disease. Vaccines work with the body’s natural defenses so it can be ready to fight if exposed to certain diseases, including COVID-19 (also called “immunity”).
  - Fire personnel are considered **fully vaccinated** (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>) for COVID-19  $\geq 2$  weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or  $\geq 2$  weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).
  - Fire personnel maybe asked their vaccination status and can voluntarily provide a response. Inquiring about vaccination status is not a disability-related inquiry. But if not fully vaccinated, employers should not ask why fire personnel are not vaccinated as that would be subject to the pertinent Americans with Disability Act standards.
  - Even if their vaccination status is not known or shared with others, all fire personnel have the duty and integrity to practice the prevention and mitigation practices outlined in this guidance.
  - Fully vaccinated people:
    - Can refrain from testing before or after domestic travel or self-quarantine after traveling.
    - Refrain from quarantine following a known exposure if asymptomatic. But in a high-density workplace, should be tested following an exposure.
    - Refrain from routine screening testing, if feasible.
- Due to the transitory nature of our workforce from states across the nation, their unknown vaccination status, and the limited number of our workforce, all fire personnel are to practice COVID-19 prevention and mitigation measures, regardless of vaccination status. This includes - wearing a mask on fires or in associated facilities unless the only person in an enclosed space or performing arduous duties including physical training as well as continue to maintain physical distancing.
- All resources should have a heightened sense of awareness on the most up-to-date signs and symptoms of COVID-19. All resources should monitor their own health and encourage all crew members to do the same.

- To reduce cumulative fatigue that may be present - especially later in the fire season, rest and proper nutrition should be prioritized for each operational period. If personnel feel unusually fatigued or have any signs or symptoms of COVID-19, they should follow the guidelines developed by MPHAT prior to returning to their normal duties.
- Conduct daily COVID-19 symptom screening, which includes a temperature check, to identify individuals with potential COVID-19 infection at duty stations or on incidents. Refer to the **Wildland Fire COVID-19 Screening Standard Operating Procedures** ([//www.nwcg.gov/partners/fmb/covid-19#SI](http://www.nwcg.gov/partners/fmb/covid-19#SI)) developed by MPHAT.
- Rigorous sanitary and personal hygiene practices are important for reducing the transmission of infectious diseases. All personnel must cover their coughs and sneezes. Proper hand hygiene must be performed by all personnel. Fire personnel must wash their hands or use hand sanitizer after touching potentially contaminated surfaces, removing face coverings or personal protective equipment (PPE), after using the restroom, and before eating or putting anything in their mouth. Make these hygiene practices part of all personnel's operational duties with dedicated time set aside daily.
- Mitigate smoke exposure for firefighters when tactics can be adjusted, and operational objectives can be met. Evaluate smoke impacts for spike camps and Incident Command Posts (ICPs). It is reasonable to assume that smoke exposure could exacerbate the effects of COVID-19.
- While fire personnel are often some of the most healthy and fit workers, it is critical all personnel evaluate their overall health and consider risks that may impact their susceptibility of experiencing more severe symptoms if they contract COVID-19. In particular, older adults (aged 65 years and older) and people of any age who have underlying medical conditions (asthma, obesity, chronic lung disease, diabetes, serious heart conditions, chronic kidney disease, immunocompromised, liver disease) might be at higher risk for severe illness. These individuals should take extra precautions to protect themselves from exposure to the virus and should be assigned to duties that reduce their risk of contracting the illness (e.g., limiting interactions with other people, virtual and telework assignments).

## Masks and Respiratory Protection

Fire personnel must understand the differences between the types of masks and PPE, the appropriate way to wear and use them. When using masks, it is more difficult to eat and drink; firefighters are encouraged to pay special attention to nutrition and hydration needs when wearing masks.

### MASKS

- Masks are required on all federally managed incidents.
- There may be instances where wearing a mask is not feasible and people are exempt from the requirement to wear a mask as they would create a risk to workplace health, safety, or job duty. Examples may include, when individuals are performing unique work-related tasks and physical distancing cannot be maintained such as, where there is a risk that a mask will distort communication (i.e., dispatchers and pilots) and when employees are performing arduous work such as firefighter, physical training, physically demanding fuels reduction work or demanding natural resource management activities and wearing a mask can interfere with breathing and/or body temperature.
- Any mask worn near a fire line should be made of non-synthetic materials. See **CDC Guide on Masks** (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>) on how to select and wear a mask. The primary purpose of these masks (also known as source control) is to reduce the spread of the virus from resources who may have the virus and are asymptomatic.
- Masks should be cleaned with soap and water at least daily. Thus, each person should have multiple face coverings/masks so that one can be used while the others are laundered.
- Masks or cloth face coverings are not PPE like surgical facemasks or N95 filtering facepiece respirators.
- Surgical masks (disposable masks) are not intended to be used more than once. If the mask is damaged or soiled, or if breathing through the mask becomes difficult, it should be removed, discarded safely, and replaced with a new one. To safely discard the mask, place it in a plastic bag and put it in the trash. It is important to perform hand hygiene immediately after handling the used mask.
- Per **CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings guidance**, (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>) **CDC\_AA\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#adhere**) along with other precautions, *personnel with known or suspected COVID-19* should wear a disposable facemask or cloth face covering to contain

secrections during interaction with other personnel or during transport.

## N95 FILTERING FACEPIECE RESPIRATOR

- A N95 filtering facepiece respirator is a **respiratory protective device** designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles if worn properly.
- At this time, the CDC does not recommend that the general public wear N95 filtering facepiece respirators to protect themselves from respiratory diseases, including coronavirus (COVID-19).
- Note all workers who wear filtering facepiece respirators to protect themselves from workplace hazards must comply with the OSHA respiratory protection standard.

## Social/Physical Distancing

Limiting face-to-face contact (keeping 6 feet or more distance) with others is the best way to reduce the spread of COVID-19. See <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html> (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>).

- All fire personnel need to continue to practice physical distancing.
- Do not gather in groups; limit face-to-face meetings and maintain a social distance of six feet during necessary meetings. Do not shake hands, hug, or engage in other physical contact. If possible, rely on remote units and virtual technology for IMT staffing, meetings and other communication. This includes incorporating virtual technology and communications (such as radio briefings and meetings) as much as possible.
- Minimize the size and number of personnel at ICPs. Set up fire camps that allow for social distancing. Use smaller spike camps to insulate crews and modules from each other and other outside personnel and resources. Consider the use of radio briefings and multiple-day Incident Action Plans.
- Create separate spaces in offices and shared housing where possible. Stagger work hours to create more open spaces in tight and close quarters.

## Cleaning and Disinfection

It is possible for fire personnel to become infected with SARS-CoV-2 if they touch a virus contaminated surface and then touch their nose, mouth, or eyes. In most situations, the **risk of infection from touching a surface is low** (<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>). The most reliable way to prevent infection from surfaces is to **regularly wash hands or use hand sanitizer** (<https://www.cdc.gov/handwashing/when-how-handwashing.html>). See **Cleaning and Disinfecting Your Facility | CDC** (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html#certain-conditions>) for more information.

Frequently cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles. When no people with confirmed or suspected COVID-19 are known to have been in a space, **cleaning once a day is usually enough** (<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>) to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. If the space is a high traffic or use area, cleaning may need to occur more frequently.

Disinfecting (using **U.S. Environmental Protection Agency (EPA)'s List N** (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>)) kills any remaining germs on surfaces, which further reduces any risk of spreading infection. If certain conditions apply, surfaces should be disinfected after cleaning. This may include: high transmission of COVID-19 in the community, low number of people wearing masks, infrequent hand hygiene, or the space is occupied by certain populations, such as people at increased risk for severe illness from COVID-19.

Since fire camps include many shared areas with high touch surfaces and many personnel, it is recommended that those surfaces be cleaned and disinfected at least once a day. If there has been a sick person or someone who tested positive for COVID-19 in the facility within the last 24 hours, the space should be cleaned and disinfected.

To clean the area, it is recommended that all visibly dirty surfaces be cleaned with soap and water (or similar detergent) prior to disinfectant. After cleaning the surface, disinfect the surface using an EPA-registered household disinfectant or a bleach/water solution (5 tablespoons bleach (1/3 cup) per gallon of water or 4 teaspoons bleach per

quart of water). CDC does not recommend alternative disinfecting methods such as sanitizing tunnels, ultrasonic waves, high intensity UV radiation, LED blue light, fogging, fumigation, or wide-area or electrostatic spraying as they may introduce additional safety risks, or their effectiveness is unknown.

- It is critical when using disinfectants that all personnel are trained and faithfully follow the instructions on the label to ensure safe and effective use of the product. When necessary, management should also ensure workers wear, train on the use of, and are provided the appropriate PPE specific to cleaning and disinfecting assignments.
- In shared working and living spaces, do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding without appropriately cleaning and sanitizing them. Wash these items thoroughly after use with soap and water.
- Minimize equipment (radios, hand tools) sharing within your crew and with outside resources. If equipment must be shared, ensure resources properly disinfect the equipment and perform hand hygiene before and after use (if possible).
- Cleaning and/or disinfecting should become part of each unit's operational duties with dedicated time set aside daily. Checklists can be used to ensure these potentially contaminated surfaces are consistently cleaned and disinfected on regular intervals. Home units and IMT should ensure there is an adequate supply of cleaning and disinfecting agents at their stations/barracks or on wildfire incidents.

## Preventing the Spread of COVID-19

Help prevent the spread of COVID-19 if someone is sick or has potential exposure to an individual with confirmed or suspected COVID-19.

While at a duty station or home unit, sick or potentially sick personnel should stay home; if personnel fall ill on an incident, they must report that to their supervisor and appropriate next steps will be taken if they are sick. See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html> (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>). Symptoms include: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea are common to COVID-19 infection. Most people who have mild illness are able to recover at home. If a non-vaccinated individual may have been exposed to COVID-19, contact a local healthcare provider immediately. Do not leave the home or visit public spaces, except to get medical care.

- Separate a sick individual from others in the home or at work. In shared housing, management should pre-identify where a sick individual can self-isolate. Ideally, this person would have his/her own bedroom and bathroom. Management should also develop a plan for how to care for a sick co-worker and to make sure a sick individual has essential supplies. See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.htm> (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.htm>).
- Individuals who are sick should wear a cloth mask over their nose and mouth if they must be around other people. The sick should also try to stay at least 6 feet away from others which will help protect the people around a sick individual.
- Seek immediate medical attention if someone develops emergency warning signs for COVID-19: trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face. The Centers for Disease Control and Prevention (CDC) symptom checker can assist in decision making. See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.htm> (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>).
- Consistent with CDC guidance, sick individuals can discontinue isolation under the following conditions:
  - If an individual with symptoms tested positive for COVID-19 or is told they are presumed positive, individuals can end isolation if:
    - 10 days since symptoms first appeared **and**
    - 24 hours with no fever, without the use of fever-reducing medications, **and**
    - **Other** symptoms of COVID-19 are improving
      - Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
  - If individual tests positive for COVID-19 but had no symptoms, isolation can end:
    - If they continue to have no symptoms, and 10 days have passed since the test.
- Local or state public health will coordinate with the infected individual and/or the agency to perform contact tracing to trace, notify and monitor the infected person and their contacts. Contact tracing will help ensure the safe, sustainable and effective quarantine of contacts to prevent additional transmission.

- If the public health department with the employee or agency, the agency should do their best to determine contacts and needs for quarantine and testing. Visit the FMB **COVID-19 Case Investigation and Contact Tracing webpage** ([//www.nwcg.gov/partners/fmb/contact-tracing](https://www.nwcg.gov/partners/fmb/contact-tracing)) for more information.
- Consistent with **CDC guidance** ([https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor\\_1615143450975](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1615143450975)), individuals exposed to a positive or presumed positive COVID-19 case should:
  - Non-vaccinated individuals:
    - Quarantine for 10 days from last exposure to positive case and if remains without symptoms may return to work, or,
    - If a PCR test is obtained within 48 hours of the end of the 7<sup>th</sup> day and is negative, quarantine may end as long as the individual remains without symptoms
  - Vaccinated individuals:
    - No quarantine needed if an individual is fully vaccinated and is without any COVID-19 symptoms or has had COVID-19 within the past 3 months. It is recommended that the individual be tested for COVID-19 following an exposure and continue routine workplace daily COVID-19 screening.
    - If an individual is fully vaccinated and is experiencing any COVID-19 symptoms, they should not physically report to work, notify their supervisor of their symptoms, and get tested.

To understand the spread of COVID-19 in the wildland fire community, incidents meeting large fire criteria and submitting an ICS 209 (300-acres brush or 100-acre timber) are required to report any COVID-19 related activity into the Incident COVID-19 Tracker.

- Access to the tracker may be requested by e-mail at: **Incident COVID19 Tracker@doi.gov** ([mailto:Incident\\_COVID19\\_Tracker@doi.gov](mailto:Incident_COVID19_Tracker@doi.gov)).

## On-boarding of Personnel

- If possible, when on-boarding crew members keep new members separate for two weeks before adding them to the module. COVID-19 prevention mitigations should be implemented at all times to the best of their ability. These crew members should minimize interaction with the public and outside community at this time to decrease introducing exposure to the other crew members. PCR serial testing can be incorporated in this separation time by testing every 3-5 days, dependent on local testing capability or contracting.
- When the module has been established, minimize interaction with the public and outside community to minimize the exposure you introduce to the module. If separation of new crew members is difficult, maximize telework and virtual training opportunities. Utilize the **Wildland Fire COVID-19 Screening Standard Operating Procedures** ([//www.nwcg.gov/partners/fmb/covid-19#SI](https://www.nwcg.gov/partners/fmb/covid-19#SI)) developed by MPHAT to screen for symptoms daily. Conduct training and meetings outside where at least 6 feet of spacing between all personnel can be maintained.
- Personnel must keep in mind, exposing yourself could mean also exposing your module and your family. Insulate and protect yourselves. Practice social distancing to a minimum of six feet from individuals outside of your module as well as wear a face covering unless performing arduous duties.

## While on a fire assignment

Crews and modules should use a *Module as One* approach to insulate as one unit and reduce exposure to the public and other crews.

- By insulating as a unit, crews and modules can limit outside exposure to SARS-CoV-2 and become a closed “family” unit and reduce risk of exposure to SARS-CoV-2 from individuals outside of the crew or module.
- Personnel must keep in mind, exposing yourself could mean also exposing your module and your family. Insulate and protect yourselves. Practice social distancing to a minimum of six feet from individuals outside of your module as well as wear a face covering unless performing arduous duties.
- Crews and modules should limit close contact with other resources both at their home unit or on incidents to insulate their module. When coming into close contact or riding in vehicles, all resources should wear cloth face coverings or masks. While the practice of handshaking, hugging, or any physical contact is a deeply rooted etiquette within the United States, this practice should be avoided to reduce further potential for disease transmission.
- Minimize contact with the general public. This is to protect every crew member, their family, and the

community we serve. Identify select individuals on a crew or module that will interact with the public, ensuring this person relies on social distancing, wears a cloth face covering, and practices hand hygiene during or after every interaction. This is especially important if the crew is working in or traveling through an area with high community transmission.

- When social distancing is not possible, masks are required on all federally managed incidents (see recommendations above).
- Because IMT members often travel from various locations, are not able to quarantine ahead of assignment, and often interact with the public and many other IMT members – they cannot achieve a closed “family” unit or be a “Module as One.”

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