COVID-19

Prevention & Response Guidelines for Large Fires

OREGON DEPARTMENT OF FORESTRY
OFFICE OF STATE FIRE MARSHAL

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COVID-19 Prevention & Response Guidelines for Large Fires

Oregon Department of Forestry & Office of State Fire Marshal

Purpose:

The purpose of this protocol is to establish COVID-19 prevention, coordination, and response efforts of the Oregon Department of Forestry (ODF), Oregon Office of State Fire Marshal (OSFM), Local Public Health Authority (LPHA), and Oregon Health Authority (OHA) specific to fire camp. This protocol will outline the coordination of efforts necessary to keep responders safe and limit the impacts of COVID-19.

Scope:

This document provides supplementary information focused on disease prevention and response, rather than wildfire response. Both ODF and OSFM will use the Pacific Northwest Incident Management Teams Best Management Practices guidance as a framework for wildfire response. The Pacific Northwest Coordinating Group maintains that document, as well as the parent document, the Wildfire Response Plan for the COVID-19 Pandemic.

Agency Roles:

Local Public Health Authority (LPHA) – Responsible for investigating reportable diseases and disease outbreaks and controlling the spread of disease under ORS 433.006.

LPHA information in Appendix A and found online: https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/lhd.aspx

Oregon Health Authority (OHA) – Works in collaboration with LPHAs and tribes to provide technical assistance and add capacity for outbreak management. Serves as lead agency for investigating multi-jurisdictional outbreaks in Oregon. Supports LPHAs and tribes with outbreak response, including contact tracing and testing if requested.

General Prevention:

Cleaning and disinfection

- Follow CDC guidance on cleaning and disinfection: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
- Clean and disinfect apparatus at least daily.
- In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019. This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill

persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as-needed.

Handwashing

- Provide and display information on how to wash hands properly.
- Make sure handwashing sinks are continuously stocked with soap and paper towels or automated hand dryers.
- Provide hand sanitizer.
    - Refer to CDC information on when to wash with soap and water, and when to use hand sanitizer: https://www.cdc.gov/handwashing/hand-sanitizer-use.html
    - If hands are visibly dirty, always wash hands with soap and water.
    - Hand sanitizer may not be effective against all viruses (e.g., norovirus).

Health screening

- All personnel must conduct self-screening using the Wildland Fire COVID-19 Screening Tool prior to mobilizing to an incident. Anyone who has symptoms of COVID-19 should not mobilize to an incident, and instead notify their supervisor and self-isolate.
    - OSFM personnel will do this through the following link: https://survey123.arcgis.com/share/2734fc8b0daf4bc19333a7b109913e1b
- Staff must self-screen upon arrival to the incident, and daily during their deployment.
    - COVID-19 testing (including PCR and serology) is not a recommended *screening* measure.
- If any symptoms are discovered during self-screening, including a temperature of 100.4°F or greater, or if verbal screening results indicate that the worker or visitor may have COVID-19:
    - Symptomatic workers or visitors must report immediately to COVID Module.

COVID Module:

COVID Module is a term to describe the personnel assigned to an incident specifically for the purpose of COVID mitigation in fire camp. The Module consists of one Health Liaison and two COVID-19 Responders. The Health Liaison is further described in Appendix B and reports to the Deputy Incident Commander as part of Command Staff. Appendix B includes a detailed list of duties and key contacts for the Health Liaison, as included in the Best Management Practices.

The COVID-19 Responder(s) report to the Health Liaison and serve as frontline workers to assist with response, mitigation, and prevention of COVID-19 in fire camp. These responders will be qualified to EMT or higher and will conduct initial triage for anyone who has symptoms of COVID-19 or has a suspected or confirmed exposure.

The COVID Module staff work in concert with Incident Medical Unit.

Ensure COVID Module staff are familiar with the OHA Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19

(https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf), which provides information on control measures when caring for individuals with known or suspected COVID-19.

Upon arrival at an incident, the Health Liaison will immediately reach out to LPHA to determine local testing capability. The Health Liaison will create plans to transport and test any personnel who screen positive, as well as plans to isolate personnel prior to demobilization if necessary.

Triage/Symptom Intake Area:

Personnel who exhibit symptoms of COVID-19 will report to the COVID Module and intake area.

Ensure that personnel performing triage activities, including temperature checks, are appropriately protected from exposure to potentially infectious personnel. See Appendix C for specific guidance on recommended PPE for working with patients with COVID-19 symptoms. COVID-19 Responders must be familiar with infectious disease protocols and will work under the authority and protocol of their home agencies' physician advisor.

- Consider engineering controls, such as physical barriers, dividers, or rope and stanchion systems, to maintain at least six feet between COVID Module personnel and others within the intake area.
- If screeners need to be within six feet of workers or visitors, provide them with appropriate personal protective equipment (PPE) based on the tasks being performed.
    - At minimum, screeners should wear facemasks.
    - Additional PPE may include gloves, gowns, and face shields. N95 filtering facepiece respirators may be appropriate for workers performing triage duties and are recommended for workers managing or transporting a confirmed or suspected COVID-19 patient.

High-risk employees

Consider voluntary reassignment of staff who self-identify as high risk to lower-risk settings

Response to cases and outbreaks:

All personnel must use their 214 Unit Logs to track close contacts and work assignments to inform contact tracing investigations. Having good records and physical distancing practices may prevent the need for extensive quarantine in the event of illness.

- **Presumptive positive** is the term used to describe a patient who has tested positive by a public health laboratory, but results are pending confirmation at CDC.
- **Quarantine** is the term used to describe separating a person with no symptoms who was or may have been exposed to a communicable disease from others.

- **Isolation** is the term used to describe separating a sick person from others to reduce exposure.

Individuals who are exhibiting COVID-19 symptoms should immediately isolate themselves from others and report to the COVID Module. See Appendix D for a visual flowchart.

COVID Module personnel will conduct triage screening and determine whether the individual needs to be tested. Personnel exhibiting COVID-19 symptoms should be tested if possible.

Upon determination that testing is appropriate, initiate IWI process at the appropriate priority level, to include notifications internal to the team.

Health Liaison must ensure team member is assigned to make sure that anyone being isolated is provided with necessities. *Note:* it is likely people will get sick with illnesses other than COVID-19, but out of an abundance of caution, all illnesses should be treated as COVID-19 until medical staff determines otherwise.

Isolation should be arranged so that those ill can maintain six feet of separation from others.

COVID Module personnel will coordinate transport the patient to the pre-identified testing site. Health Liaison should call ahead to the facility to provide notice that a potential COVID-19 patient is being brought in and ensure patient delivery protocols are followed.

If incident personnel develop symptoms consistent with COVID-19 infection, or a single, confirmed case of COVID-19 is identified in a camp resident, the Health Liaison should immediately notify the LPHA in which the camp is located.

Personnel awaiting test results must remain isolated, preferably at a secure location off the incident.

Testing

- Testing should be conducted by healthcare providers and commercial laboratories in accordance with Oregon Health Authority guidance: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2267.pdf
- Coordinate with public health authorities if testing of employees is indicated, such as in the setting of a suspected outbreak (i.e., two or more individuals with compatible symptoms, or close contacts of laboratory-confirmed case).

Contact LPHA or OHA to discuss considerations for testing. Public health officials can help identify testing strategies and identify resources for testing.

For ODF employees that have identified COVID symptoms and have been triaged, Health Liaison to contact ODF Human Resources by priority order listed below. Priority notification order provides backup contacts in case Liaison is unable to reach the first priority contact.

1. Tricia Kershaw, HR Manager, cell 503-689-3704
2. Heidi Steiner, HR Generalist, cell 503-798-2361
3. Phyllis Kerr, HR Generalist, cell 503-779-8404

For structural fire resources that have identified COVID symptoms and been triaged, Health Liaison to contact OSFM Agency Administrator.

For incident resources that are not ODF employees, ensure resources contact immediate supervisor.

Positive test results:

The Health Liaison will work with employer to determine best means of demobilization and return to home. Prior to demobilization, positive cases must remain isolated, preferably at a secure location off the incident.

Once an ODF employee has tested positive (defined as presumptive positive) for COVID-19, Health Liaison to contact ODF HR in same priority order listed above.

If a structural fire resource tests positive, contact OSFM Agency Administrator.

Most people with COVID-19 have mild illness and can recover at home. They should isolate at home except to receive medical care.

All personnel who may have come into contact with the individual must be provided an exposure letter upon demobilization. The letter should be approved by the LPHA prior to distribution.

<u>Contact tracing</u>

- Public health investigations will focus on providing health education, infection prevention, identifying close contacts, and conducting active monitoring of all close contacts.
- LPHA will interview reported cases and identify their close contacts. Close contact is defined as:
    - Being within 6 feet of a COVID-19 case for ≥15 minutes while the person with COVID was symptomatic or during the 48 hours before symptom onset. “Close” contact can include caring for, living with, visiting, or sitting within 6 feet of a confirmed COVID-19 patient; or
    - Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

- The Health Liaison shall prepare plans for personnel who are identified as close contacts of COVID-19 patients, including all members of the patient's module as one. Close contacts are advised to quarantine themselves for 14 days after their last contact with a confirmed or presumptive case. Working quarantine is potentially an option, but those personnel would need to maintain physical distancing, wear a mask if riding in a vehicle with others, and would need to clean hands frequently when around others. These persons should be encouraged to self-screen more frequently than daily.

- Local and state public health officials lead outbreak investigations.
    - Public health staff can provide consultation on infection prevention, including requesting assistance from the Centers for Disease Control and Prevention when needed
    - Close collaboration between public health and incident command will be necessary. The Health Liaison will work closely with public health, seeking and implementing recommendations within camp.

Reporting to public health

- The Health Liaison should report suspected outbreaks to the LPHA immediately, 24/7.
    - If LPHA is unavailable, contact OHA's Acute and Communicable Disease Prevention Section at 971-673-1111.
    - Contact information for LPHAs, which investigate outbreaks in local jurisdictions, is available in Appendix A and online here: https://www.oregon.gov/oha/ph/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx
- Public health officials provide consultative support, including case and contact investigation, testing strategy and resource identification, and consultation on infection prevention.
- Healthcare providers are required to report presumptive and confirmed cases to the local public health authority, which will conduct public health follow-up including patient interview and contact tracing
- Laboratories are required to report COVID-19 test results to the LPHA or OHA.

Notifications to potentially exposed individuals

- Incident Management Teams should develop protocols to provide general staff notifications in the event of a possible COVID-19 exposure (e.g., staff self-reports illness compatible with COVID-19, or a laboratory-confirmed case or outbreak is identified).
- Local public health authorities investigating presumptive and confirmed COVID-19 cases will conduct contact tracing.
    - Responsibility for active monitoring can be delegated to incident management staff; this should be discussed with the local public health authority

Key Contacts:

Name	Agency	Role	Phone
Kelly Cogswell	Oregon Health Authority	Epidemiologist; serving as virtual IMT member, available Mon-Fri 8am-5pm	971-291-7400
OHA 24/7 on-call communicable disease line	Oregon Health Authority	24/7 case and outbreak reporting, urgent questions, communicable disease subject matter expertise	971-673-1111 ***stay on the line** to bypass the message for COVID calls from healthcare providers, when the second decision tree plays, press option **3** for the epidemiologist
Dr. Richard Leman	Oregon Health Authority	Fire camp senior health advisor	971-673-1089 office 503-572-5090 cell
Melissa Powell	Oregon Health Authority	Acute & Communicable Disease Prevention Manager; OHA IMT IC	971-673-1131 office 503-849-0871 cell
Mariah Rawlins	Oregon Office of State Fire Marshal	Oregon Fire Mutual Aid System COVID Czar; point of contact for structural fire service	503-910-1667
David Grim	Oregon Dept of Forestry	ODF Safety Manager	503-507-3784 cell
Tricia Kershaw	Oregon Dept of Forestry	HR Manager Priority 1 notification for all ODF personnel that are suspected positive for COVID	503-689-3704 cell
Heidi Steiner	Oregon Dept of Forestry	HR Generalist Priority 2 notification for all ODF personnel that are suspected positive for COVID	503-798-2361 cell
Phyllis Kerr	Oregon Dept of Forestry	HR Generalist Priority 3 notification for all ODF personnel that are suspected positive for COVID	503-779-8404 cell
	NWCC	COVID Coordinator	TBD

APPENDIX A

LOCAL PUBLIC HEALTH AUTHORITY NUMBERS IN OREGON

(updated Feb 2020)

County	General	CD Nurse	CD Fax	Env Health	Animal Bites	After Hours CD
Baker	541-523-8211	General	541-523-8242	General	General	541-523-6415
Benton	541-766-6835	General	541-766-6197	541-766-6841	EH	541-766-6835
Clackamas	503-655-8411	503-655-8411	503-742-5389	503-655-8411	CD	503-655-8411
Clatsop	503-325-8500	General	503-325-8678	General	General	503-791-6646
Columbia	503-397-7247	971-757-4003	503-893-3121	503-397-7247 Env Health & Animal Bite Fax 888-204-8568	EH	503-397-7247
Coos	541-266-6700	541-266-6700	541-888-8726	541-266-6720	541-266-6720	541-266-6700
Crook	541-447-5165	General	541-447-3093	541-447-8155	General	541-447-5165
Curry	541-425-7545	541-373-8118	541-425-5557	541-251-7074	EH	541-425-7545
Deschutes	541-322-7400	541-322-7418	541-322-7618	541-388-6566	EH	541-322-7400
Douglas	541-440-3571	541-440-3684	541-464-3914	541-317-3114	EH	541-440-3571
Gilliam*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Grant	541-575-0429	General	541-575-3604	General	General	541-575-0429
Harney	541-573-2271	541-573-2271	541-573-8388	541-575-0429	EH	541-573-2271
Hood River	541-386-1115	541-387-7110	541-386-9181	541-387-6885	541-387-7110	541-386-1115
Jackson	541-774-8209	General	541-774-7954	541-774-8206	General	541-774-8209
Jefferson	541-475-4456	General	541-475-0132	General	General	541-475-4456
Josephine	541-474-5325	General	541-474-5353	General	General	541-474-5325
Klamath	541-882-8846	541-882-8846	541-850-5392	541-882-8846	General	541-891-2015
Lake	541-947-6045	General	541-947-4563	General	General	541-947-6045
Lane	541-682-4041	General	541-682-2455	541-682-4480	EH	541-682-4041
Lincoln	541-265-4112	General	541-265-4191	541-265-4127	EH	541-265-4112
Linn	541-967-3888	541-967-3888 x2488	541-924-6911	541-967-3821	EH	541-967-3888
Malheur	541-889-7279	541-889-7279	541-889-8468	541-473-5186	EH	541-889-7279
Marion	503-588-5342	503-588-5621	503-566-2920	503-588-5346	EH	503-588-5342
Morrow	541-676-5421	General	541-676-5652	541-278-6394	General	541-676-5421
Multnomah	503-988-3674	503-988-3406	503-988-3407	503-988-3400	CD	503-988-3406
Polk	503-623-8175	General	503-831-3499	503-623-9237 x1442	EH	503-932-4686
Sherman*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Tillamook	503-842-3900	503-842-3912	503-842-3983	503-842-3902	EH	503-842-3900
Umatilla	541-278-5432	General	541-278-5433	General	General	541-314-1634
Union	541-962-8800	541-910-7209	541-963-0520	General	541-910-7209	541-962-8800
Wallowa	971-673-1111	971-673-1111	971-673-1100	971-673-0440	541-426-3131	971-673-1111
Wasco*	541-506-2600	General	541-506-2601	971-673-0440	General	541-506-2600
Washington	503-846-3594	503-846-3594	503-846-3644	503-846-8722	503-846-3594	503-412-2442
Wheeler	541-763-2725	General	541-763-2850	General	General	541-763-2725
Yamhill	503-434-7525	503-434-4715	503-434-7549	General	CD	503-434-7525

**operated jointly as North Central Public Health District*

www.healthoregon.org/lhddirectory

APPENDIX B

Health Liaison Position

When considering Incident Management Team (IMT) staffing and tasking for managing Infectious Diseases in the incident response environment, consider assigning a Health Liaison position to the team so this responsibility is not assigned as co-lateral duties to the Medical Unit Leader (MEDL), Safety Officer (SOF) or Liaison (LOFR) positions, especially on large or complex incidents. This IMT position would be dedicated to managing and tracking infectious disease related issues during the incident for the C&G. This would help alleviate pressure on other team positions, especially when staffing is limited.

Qualifications:

This position could be filled by different IMT members including MEDL, SOF, LOFR, or Deputy Incident Commander (DPIC), who is a member of the Command and General Staff (C&G), or has C&G experience or other experience at the command level, for more efficient integration with the team. One recommendation is to have this position report to the DPIC (if IMT has a DPIC) who could be the backup in the absence of such a position. An alternative is to fill this role using a local health care professional. In this case, ensure that there is a dedicated contact person within the team, and recognize that many of the on-assignment duties listed below will still have to be completed by other team members (MEDL, SOF, LOFR). On smaller incidents, this position could be filled by the local unit. Background needed for this position would include experience at the Incident Command System (ICS) command level, familiarity with medical protocols (not necessarily required to have a medical background), good interpersonal skills and familiarity with other IMT position roles and responsibilities.

It is important to recognize that different State and County Public Health Departments may have stricter public health controls than individual agencies. It is incumbent on this position to initially establish a local Public Health contact to assist with understanding and implementing any additional pandemic controls required by the location jurisdiction, and to inform them of the number of individuals who will be working in their area.

Pre-Mobilization Duties:

1. Contact Local, County, and State Public Health Departments to gather the following information:
   - 24/7 contact information
   - Update on the local infectious disease situation, including quarantine protocols
   - Additional infectious disease protocols specific to the local area and state
   - Infectious disease reporting requirements
   - Availability of telehealth videoconferencing
   - Location of infectious disease hotspots
   - Availability of testing and testing procedures

2. Contact Local EMS in order to:
   - Develop a list of local EMS and ambulance provider contacts and capability.

3. Contact potential receiving hospitals or clinics to gather the following:
    - 24/7 contact information.
    - Infectious disease protocols, patient receiving procedures, and testing availability.
    - Local capacity for patients.
    - Availability of telehealth videoconferencing.
    - Ways incident Hospital Liaisons can work best with the facility if we have a personnel injury.
    - Facility points of contact for our COMP/CLAIM person.

On Assignment Duties:

- Coordinate with MEDL, LOFR and SOF on identifying and establishing relationships with cooperators, including health departments, and to gain information regarding the capacity and integrity of the local and state healthcare system(s).
- Work with the MEDL to establish who will contact transport agencies for incident use.
- Stay up to date on practices recommended by the Center for Disease Control (CDC) or State or local health authorities for transmittal avoidance, with a filter for what can be practically applied in the emergency response environment.
- Provide participating agencies and other cooperators the infectious disease protocols that the IMT is using.
- Make sure a screening tool is available and used for all incoming resources (Appendix C).
- Ensure all camps have adequate and appropriate Personal Protective Equipment (PPE) (masks, etc.) for all resources and are following protocols for use of PPE.
- Review physical distancing implementation across all camps (ICP, Base Camps, Spike Camps, Remote work areas, etc.).
- Provide constant visual and verbal education and situational vigilance specific to Infectious Disease transmission (signing or messages on physical distancing, use of PPE, recognition of symptoms, protocols for exposure, etc.).
- Ensure Medical Unit is set-up to handle infectious diseases cases separate from other regular medical day-to-day business.
- Work with Medical Unit to find availability of other medical staffing as needed (Physician Assistant, Registered Nurse, Doc in a Box, etc.).
- Maintain a list of Infectious Disease Subject Matter Experts (SME) and potential contacts.
- Review and assist with implementing screening, isolation, and quarantine procedures.
- Monitor Infectious Disease cases and exposures, and if assigned, conduct fact-finding regarding potential origin or recent exposure of a suspected patient.
- Assist local contact tracers as needed with names and numbers of personnel.
- Follow infectious disease case reporting requirements for Health Departments for both suspected and confirmed cases.
- Work with MEDL, LOFR, Human Resources Specialist (HRSP) and Demob Unit Leader (DMOB) as needed to contact home unit of personnel assigned to the incident who are treated or being demobilized.
- Assist C&G with finding creative or new measures to safeguard incident personnel and in keeping up with current CDC recommendations or guidelines.

- Provide daily briefing (in conjunction with MEDL) to C&G on Infectious Disease situation including:
    - 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

Sources:

Medical and Public Health Advisory Team, Medical Unit COVID-19 Concepts of Operations Plan, 25 April 2020

Wildland Fire Response Plan COVID-19 Pandemic, Northwest Geographic Area, April 2020

Oregon Fire Service Coronavirus Response Team

03/06/2020 Information Bulletin 2020-02
Personal Protective Equipment Advisory

With increased responses to COVID-19 in Oregon, the OFSCRT would like to **strongly** recommend fire service agencies adhere to the following CDC guidance on recommended PPE.

First responders are the first line of defense in the spread of this virus. It is imperative that responders do everything necessary to protect themselves and shut down spread by wearing proper PPE. Wearing a complete ensemble of PPE, as recommended by the CDC, includes protecting your skin, eyes, and respiratory system from infected droplet, specifically eye protection.

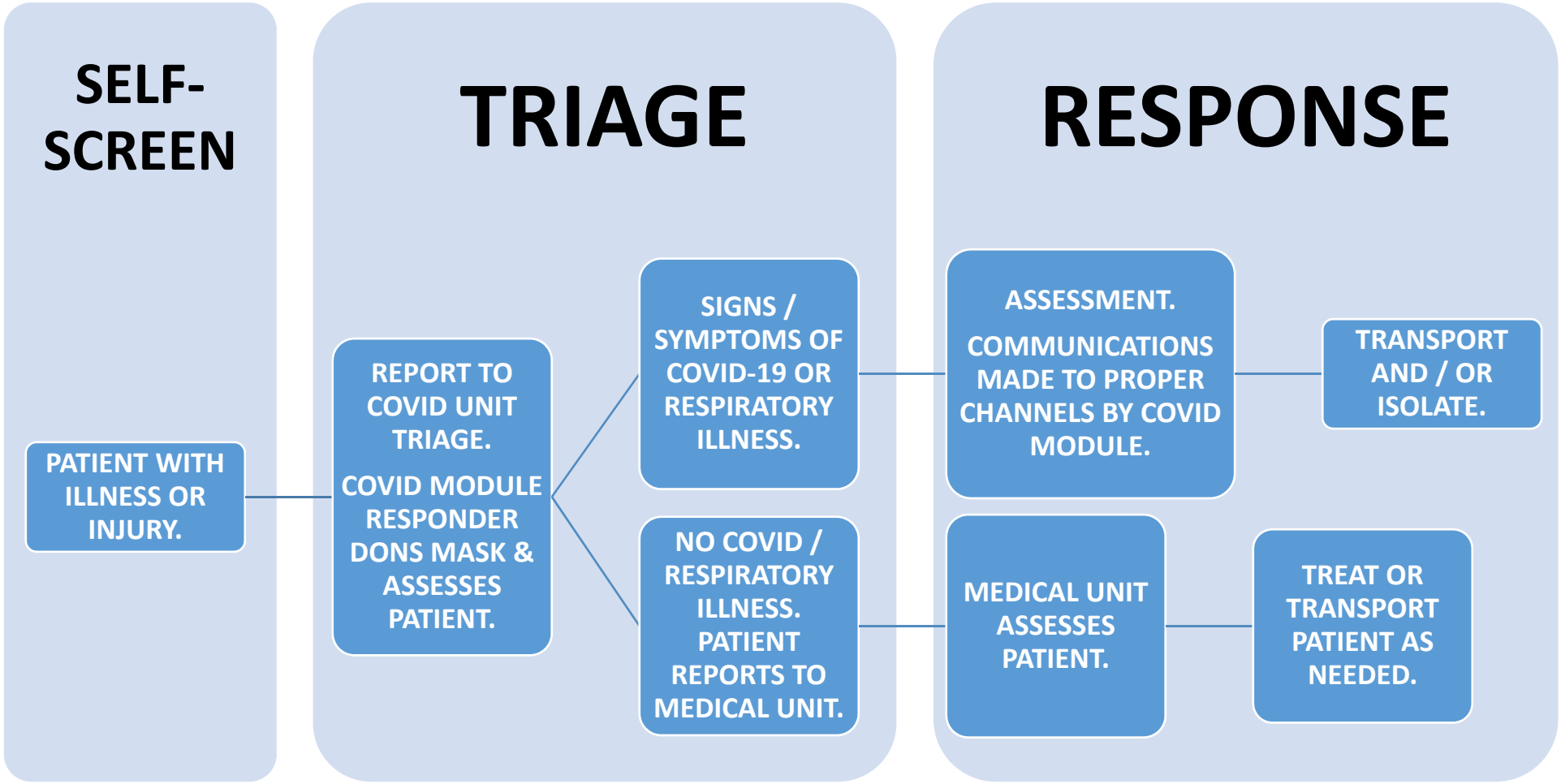
Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:
    - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated
    - Disposable isolation gown
    - Respiratory protection (i.e., N-95 or higher-level respirator)
    - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
    - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown, and gloves and perform hand hygiene. A respirator should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

Entire guidance available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

APPENDIX D


SELF-SCREEN
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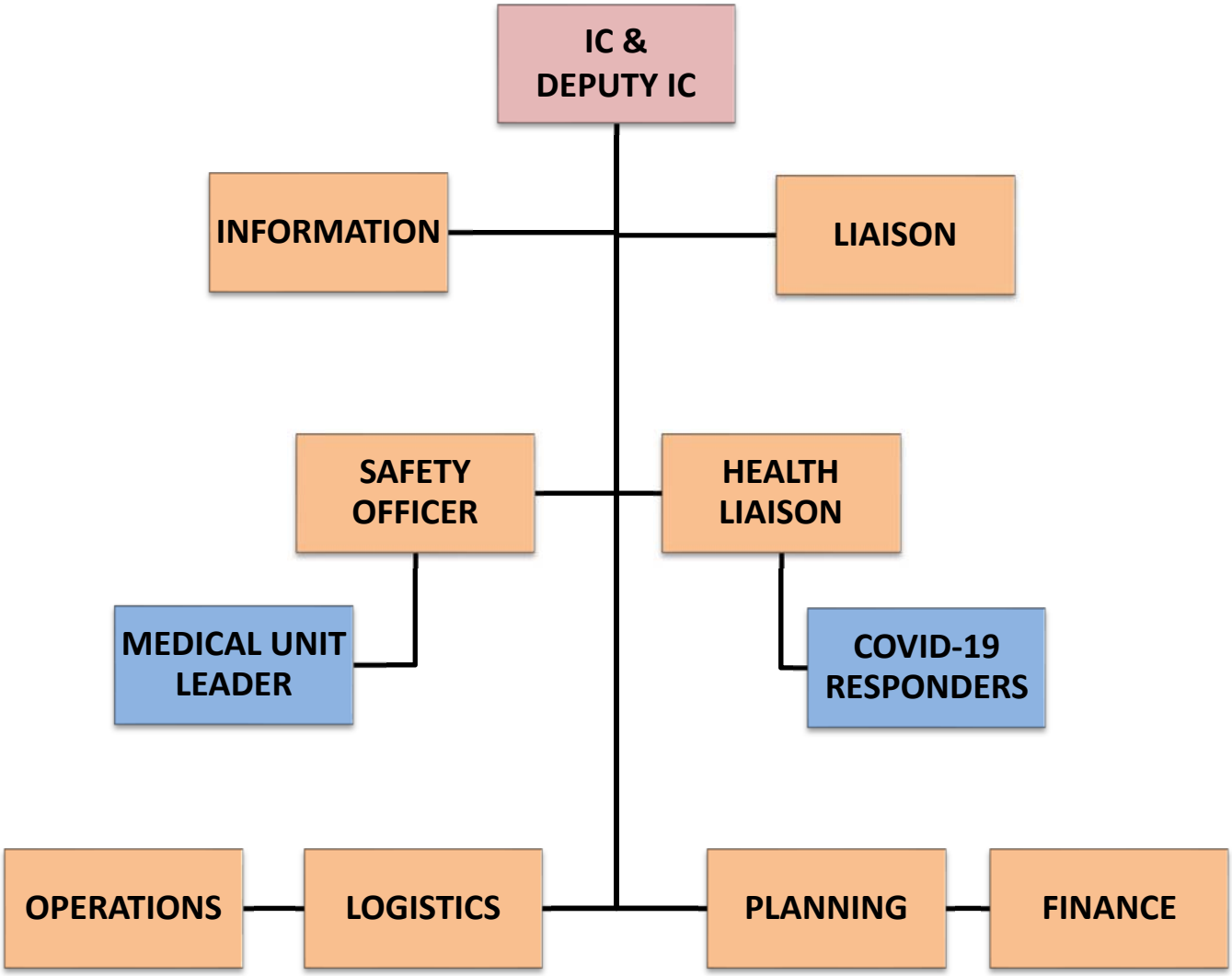
PATIENT WITH ILLNESS OR INJURY.
REPORT TO COVID UNIT TRIAGE.
COVID MODULE RESPONDER DONS MASK & ASSESSES PATIENT.
SIGNS / SYMPTOMS OF COVID-19 OR RESPIRATORY ILLNESS.
NO COVID / RESPIRATORY ILLNESS. PATIENT REPORTS TO MEDICAL UNIT.
ASSESSMENT.
COMMUNICATIONS MADE TO PROPER CHANNELS BY COVID MODULE.
MEDICAL UNIT ASSESSES PATIENT.
TRANSPORT AND / OR ISOLATE.
TREAT OR TRANSPORT PATIENT AS NEEDED.

APPENDIX D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