Coronavirus Disease 2019 (COVID-19)

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FAQs for Wildland Firefighters

Updated Sept. 21, 2020   Print

> **What steps can be taken by wildland fire personnel to prevent infection and spread of COVID-19? How can a crew, module, or resource "isolate as a unit" to better protect themselves?**   _

The best way to prevent COVID-19 is to avoid being exposed to SARS-CoV-2, the virus that causes COVID-19. All firefighters and support personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures can be taken to prevent or minimize the transmission of the virus that causes COVID-19.

During the fire season, it will be important that members of each fire crew or module make an effort to operate and isolate as a unit. Management will need to develop and implement procedures and protocols to prevent possible exposures to the virus. When possible, crews should not interchange personnel or equipment between units and should limit the number of personnel who must interact with people in the community (e.g. fueling vehicles, picking up supplies, etc.). This will require planning and using technology to safely accomplish tasks while maintaining social distancing, keeping a safe space between others outside of their unit, as much as possible. This may include implementing procedures that allow fire crews or incident management personnel to stay remote, isolate from other units, or complete tasks or missions virtually. If close contact with others in the community is necessary, it is advised that all personnel wear cloth masks for source control.

Wildfire management and personnel should prioritize reducing fatigue and remaining healthy throughout the fire season. Rest and proper hydration and nutrition should be prioritized and emphasized every workday.

In many situations, fire personnel travel from many different geographic locations and live and work closely in shared living spaces, such as bunkhouses, during the fire season. In these situations, how do you prevent infection and spread of COVID-19 for co-workers or crewmates? —

When personnel arrive to their duty stations, it is recommended that management provide separate spaces for the personnel to socially distance themselves from others on their crew for 14 days, if possible. During this period, personnel should take special precautions to limit any close interactions with other people (maintaining at least 6-feet distance) and avoid sharing kitchens, living spaces (bedrooms), bathrooms, or household items.

If shared living spaces and common areas must be utilized during the initial 14 day period after reporting, all personnel should still practice social distancing (maintaining at least 6 feet distance from one another), wear cloth masks, and frequently clean and disinfect shared and high touch surfaces. Personnel should also consider sleeping in opposite directions (head to toe) and avoid using bunk beds in shared sleeping quarters. Management should also consider increasing ventilation rates and/or the percentage of outdoor air that circulates within the shared living and working areas if outdoor air quality ☑ is considered to be in a healthy range.

When feasible, management should employ mechanisms to support their employees and limit employees' interactions with others during this period. This may include online ordered and delivered groceries, delivered meals, and virtual and online training tasks.

After the initial 14-day period is over, fire crews and modules who work together and do not have regular interactions with other people can isolate as a unit. During this time, personnel should continue to cover their mouth and nose with tissue or elbow when they cough or sneeze, perform proper hand hygiene and frequently clean and disinfect shared spaces, vehicles, and equipment with EPA-registered disinfectants ☑ that are appropriate for the surface and effective against SARS-CoV-2, following label instructions. If a crew operates as a unit, it is not necessary for crew members to wear cloth masks unless they are not feeling well or interacting with the public (consistent with CDC guidelines for households living in close quarters). If interactions with the general public must occur, all personnel should practice social distancing, wear cloth masks, perform hand hygiene, and disinfect surfaces, objects, or items that are shared with the general public.

For more information, see CDC's COVID-19 Guidance for Shared or Congregate Housing.

Should wildfire management agencies screen personnel for signs and symptoms of COVID-19? —

All personnel should be encouraged to self-monitor for symptoms before they come to work. Fire personnel who have symptoms of COVID-19 should immediately notify their supervisor and safety officer and self-isolate. They can also enter their symptoms into the CDC Coronavirus Self-Checker to determine whether they need to seek medical care.

Wildfire agencies should ensure that sick leave policies are flexible and consistent with public health guidance, and that employees are aware of and understand these policies.

Wildfire agencies should consider a program for screening fire personnel before entry into the workplace or fire incident, which includes:

- Verbal screening (from a distance of at least 6 feet) to determine if fire personnel have had symptoms of COVID-19 within the past 24 hours.
- Checking temperatures of fire personnel at the start of each shift to identify anyone with a fever of 100.4°F or greater.

- Ensure that screeners are trained to use temperature monitors.
    - Make sure that temperature monitors are accurate under conditions of use (such as cold or hot temperatures).
    - Avoid direct sunlight when recording temperatures.
- Preventing employees from entering the workplace if they have a fever of 100.4°F or greater, or if verbal screening results indicate that the worker may have COVID-19.
    - Encourage fire personnel to self-isolate and contact a healthcare provider.
    - Provide information on the agency's return-to-work policies and procedures which may be informed by CDC's Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings interim guidance.
    - Inform the employer health unit (if in place), incident medical unit, and supervisor so the worker can return home and self-isolate.

In some emergency response situations, it may not be possible to implement a screening program for all fire personnel as described above. In these situations, wildland fire agencies should educate and encourage fire personnel to self-assess for **fever and/or a defined set of newly present symptoms** that might indicate COVID-19. Some of the symptoms of COVID-19, symptoms of environmental exposures such as exposure to smoke, and symptoms (e.g., dehydration, fatigue) that can occur with some of the hard physical wildland fire work might overlap. The following steps should be followed any time a worker experiences a fever or respiratory symptoms even if the symptoms are likely due to an environmental exposure or the work performed. Fire personnel should:

- Report symptoms to the appropriate personnel (e.g., supervisor or COVID-19 Coordinator/Team). If possible, the reporting of symptoms should not be done in person.
- Do NOT report to the fire or to the physical work environment. If actively engaged in or deployed to a fire, the worker should notify his/her supervisor and follow guidance about self-isolation and medical care as outlined in the incident action plan or the agency's COVID-19 plan. If a plan is not established:
    - Contact the appropriate medical personnel (e.g., onsite medical unit or emergency medical technician, primary care physician, tele-med) for an immediate medical assessment and follow-up actions. When interacting with medical personnel, it may be important for fire personnel to discuss if the symptoms are unusual, new, or outside of their normal reaction when performing hard physical work in a smoky environment.
    - Follow the incident's or agency's COVID-19 fitness-for-duty and work restrictions policies based on symptoms and diagnosis.

Ensure that personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious fire personnel. When screening is conducted, the most protective methods incorporate social distancing (maintaining a distance of at least 6 feet from others), or physical barriers to eliminate or minimize the screener's exposures due to close contact with a person who has COVID-19 symptoms.

- Implement engineering controls, such as physical barriers or dividers or rope and stanchion systems, to maintain at least six feet between screeners and fire personnel being screened.
- If screeners need to be within six feet of fire personnel, provide them with appropriate personal protective equipment (PPE) based on the tasks being performed.
    - At minimum, screeners should wear cloth masks.
    - Additional PPE may include gloves, gowns, and face shields.
- Maximize ventilation for the screening area or perform screening procedures outdoors. Information about increasing ventilation and air circulation indoors can be found on CDC's webpage: COVID-19 Employer Information for Office Buildings.

Are first responders, like wildland firefighters, being prioritized for those who will be tested for COVID-19?

Consistent with CDC's recommendations, wildland firefighters who have symptoms compatible with COVID-19, or are a close contact of a person with COVID-19, should be referred to a healthcare provider for evaluation and potential testing. Testing priority will vary by location or jurisdiction. Contact your state, tribal, local ⧉ , or territorial health department for more information or to determine testing priorities, or reach out to a medical provider in your jurisdiction be tested.

If fire personnel test positive for COVID-19 by a viral test, it is recommended they follow guidance from their healthcare provider and follow protective steps to prevent others from getting sick.

If fire personnel test negative for COVID-19 by a viral test, they were probably not infected at the time their sample was collected. However, they can still get sick. The test result only means that they did not have COVID-19 at the time of testing. Fire personnel might test negative if the sample was collected early in their infection and test positive later during their illness. Fire personnel could also be exposed to COVID-19 after the test and get infected then. Fire personnel should continue to take steps to protect themselves and others.

CDC and the White House 🗎 ⧉ provide additional information and guidance about interpreting test results.

All wildland firefighters play an important role in helping to slow the spread of the virus that causes COVID-19. Wildland firefighters who test negative for COVID-19 or have no known exposure should still follow the recommendations listed on this page to help prevent infection and spread of the virus.

CDC provides information for testing in non-healthcare workplaces, including wildfire incidents, on their website: SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces. This information may be useful if a wildland fire agency or incident management team is interested in using testing to diagnosis symptomatic or exposed people or screen asymptomatic people without known or suspected exposure to SARS-CoV-2 before coming to, while at, or leaving the wildland fire environment. COVID-19 testing may be incorporated as part of a comprehensive approach to reducing transmission in non-healthcare workplaces including the wildland fire environment.

Strategies performed and information collected by fire managers or incident management team related to symptoms, exposures, and testing in the workplace should only be used to assess firefighting personnel's fitness-for-duty and to determine if work restrictions may be needed to prevent the spread of SARS-CoV-2 in the work setting based on existing policies. These strategies should always be carried out in a manner consistent with laws and regulations, including laws protecting employee privacy and confidentiality and maintaining medical records. Strategies should also be carried out consistent with Equal Employment Opportunity Commission ⧉ guidance regarding permissible testing policies and procedures.

> **While traveling to fire assignments, what actions can wildland firefighters take to prevent infection and protect the communities that they will be traveling through?** ___

While traveling between assignments or during fire responses (via large transport vehicles), it is often not practical to implement social distancing measures. However, the following actions can be taken to prevent transmission of the virus during travel.

- Following screening guidance presented above and from CDC, continue screening personnel for symptoms of COVID-19 and temperature checks before travel and throughout a response. If screening identifies a worker suspected to have COVID-19, the worker should return home or self-isolate and not travel.
- Wear a cloth mask, when appropriate and when interacting with people outside of your unit, as a source control.

- Wash hands 📄 with soap and water, especially if hands are visibility dirty. If a handwashing station is not available, hand sanitizer with at least 60% alcohol can be used, but all visible dirt and grime should be removed from the hands before using hand sanitizer.

Wash your hands:

  - After blowing your nose, coughing, or sneezing
  - After using the restroom
  - Before eating or putting anything in the mouth
  - Before and after preparing food
  - After touching high-contact surfaces that could be contaminated (e.g., door handles, phones, computers)
  - After contact with animals or pets
  - After contact with ash or other burning materials

- Avoid touching your eyes, nose, or mouth.
- Turn the vehicle ventilation fan(s) to high, in non-recirculating mode, and/or open windows to maximize the intake of outdoor air when the outdoor air quality ↗ is considered to be in a healthy range.
- Clean and disinfect frequently touched surfaces on a routine basis such as:
  - In the truck cab (door handles, steering wheel, seat belts and buckles, arm and head rest, seat cover, turn signal, wiper controls, dashboard, air ducts, radio, and temperature and other controls).
  - Other surfaces like controls, and other flat surfaces that are touched.
  - If a third party must have access to the interior of your truck (for example, mechanics, other drivers, inspectors), request that the third party clean and disinfect the truck before turning it back over to you.
  - For disinfection, use products that meet EPA's criteria for use against SARS-CoV-2 ↗ , diluted household bleach solutions, or alcohol solutions with at least 70% rubbing alcohol, and are appropriate for the surface. Follow the manufacturer's directions for use and clean your hands afterwards.

For more information, see CDC guidance for Coronavirus and Travel in the United States.

What precautions should wildland firefighting personnel take when they come off assignment and return back home to their families?

When crew members return home after an assignment, they should continue to self-monitor for fever and symptoms. Personnel who feel sick should follow CDC guidance for What to Do If You Are Sick. Personnel who have vulnerable family members within their home should consider social distancing from those family members or wearing a cloth masks if social distancing is not possible, even if they feel well and do not have symptoms, for 14 days.

What does CDC recommend for wildland firefighting personnel who have been in close contact (less than 6 feet) with a person with suspected or confirmed COVID-19?

If wildfire personnel have direct personal contact with a person with suspected or confirmed COVID-19, they should take the following actions:

- Immediately perform hand hygiene (i.e., wash your hands with soap and water for at least 20 seconds). If a hand washing station is not accessible, use alcohol-based hand sanitizers with at least 60% alcohol after removing visible dirt and grime).
- Avoid touching eyes, nose, and mouth.
- Clean and disinfect any clothing items or surfaces that were potentially exposed (coughed on, sneezed on, or exposed to body fluids) as soon as possible.
    - Non-porous items can be disinfected using products that are EPA-approved for use against the virus. ↗
    - Porous items, like clothing and other reusable personal protective equipment (PPE), should be replaced as soon as possible. The potentially contaminated items should be laundered according to manufacturers' recommendations using the warmest water available.
    - Gloves (e.g., nitrile or latex) should be worn when touching potentially contaminated items or applying disinfectants. Perform hand hygiene upon removing gloves or other PPE.

Viral testing is recommended for anyone who has had close contact with a person who has COVID-19 and may also be considered for fire personnel who may have been exposed, such as fire personnel who work the same shift or in the same work area. Additional information about test strategies can be found on the CDC webpages COVID-19 Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified and SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces.

If personnel and resources are available, it is most protective for fire personnel who were exposed to a person with suspected or confirmed COVID-19 to stay at home until 14 days after exposure if there was prolonged close contact (within 6 feet for 15 minutes or more) or if the exposure was of concern (e.g., the person coughed or sneezed on the worker).

If personnel and resources are not available, fire personnel (considered critical infrastructure workers) may be permitted to continue to work after exposure to ensure continuity of operations. To continue working, the exposed worker should be symptom-free, and the employer should use the following prevention strategies:

- Screen the exposed worker for symptoms of COVID-19 before each work shift.
- Regularly monitor the exposed worker for symptoms, under the supervision of a qualified healthcare provider.
- Ensure the exposed worker practices social distancing during his/her work shift by assigning tasks where he/she can still work but remain at least 6 feet away from others, if possible.

- Ensure the exposed worker wears a cloth mask to protect others.

If an exposed worker develops symptoms of COVID-19 and is still working, the employer should:

- Provide a cloth mask for the worker to wear (if not already wearing one).
- Send the worker to the medical unit, if available, for evaluation to determine if medical care is needed. If a medical unit is not available, encourage the worker to call a qualified medical provider for guidance.
- Send the worker home if it is safe for the worker to travel and make sure the worker is wearing a cloth mask. If it is not safe for the worker to travel, isolate the worker from others on the crew and require the worker to wear a cloth mask.
- Ensure the worker is provided with necessary supplies, including food, water, and hygiene items, while he/she is self-isolating.
- Encourage the worker to follow CDC guidance for What to Do If You Are Sick.
- Clean and disinfect any surfaces and areas the worker may have touched.
- Follow CDC guidance to determine when the worker can return to work.

What about exposure to wildfire smoke and COVID-19? −

Wildfire smoke is a complex mixture of air pollutants that are harmful to humans. The relationship between wildfire smoke and COVID-19 has not yet been studied, but research suggests that exposure to smoke could increase the risk and severity of respiratory infections similar to COVID-19.

- Exposure to air pollutants in wildfire smoke can irritate the lungs, cause inflammation, alter immune function, and increase susceptibility to respiratory infections, possibly including COVID-19.
- In addition to potentially making firefighters more vulnerable to getting COVID-19, inflammation in the respiratory tract due to wildfire smoke might also increase the risk of developing more severe outcomes for those with COVID-19.
- Some of the symptoms of COVID-19 and smoke exposure overlap. Respiratory symptoms such as cough, sore throat, and shortness of breath and difficulty breathing are symptoms of both COVID-19 and smoke exposure. If a worker is experiencing symptoms of COVID-19, they should contact a healthcare provider and follow CDC guidance on What To Do If You Are Sick.

Firefighters should consider and select tactics that safely reduce their exposure to smoke while meeting operational objectives. COVID-19 is an additional risk to consider when assessing all risks and hazards in the wildfire environment. Firefighters cannot completely eliminate their risk for exposure to smoke and the SARS-CoV-2 virus, but they can reduce this risk.

What precautions should be implemented for protecting firefighters and other personnel at fire camps?

Fire camps can include thousands of workers living together and working collectively to respond to a wildfire, often in remote areas. In many ways, fire camps are like small communities. For example, fire camps employ a number of support personnel, some of whom may be considered at higher risk for severe illness from COVID-19 (e.g., older adults and people with certain underlying medical conditions). Also, fire camps have many people coming and going throughout the day. Therefore, extra precautions should be taken. *Note:* Many of the recommendations in CDC's COVID-19 Guidance for Shared or Congregate Housing also apply to fire camps.

The following are protective measures that can be employed within the fire camp to prevent COVID-19 transmission:

- Screen temperature and symptoms for everyone entering a fire camp, and screen daily for those who remain at the camp
- Encourage personnel to maintain social distance (6 feet or more) as much as feasible
- Wear cloth masks as a form of source control
- Provide hand washing stations (soap and water) or hand sanitizers containing at least 60% alcohol throughout the camp, especially outside bathrooms, portable toilets, and dining facilities
- Provide individual bottles of hand sanitizer for all personnel at the fire camp
- Ensure bathrooms, portable toilets, and handwash stations are well stocked with hygiene products (e.g., soap and water, hand sanitizer, paper towels)
- Use disinfectants approved by the EPA for use against COVID-19 ☒ to clean showers, bathrooms, sinks, portable toilets, and handwash stations at least twice a day (in the morning and evening after heavy use) and commonly-touched surfaces in the dining facility before and after each meal. Make sure people who are doing the cleaning are trained on the proper application of the disinfectant and wear protective disposable gloves and other PPE as recommended by the disinfectant manufacturer
- Instruct personnel to avoid placing toothbrushes (or other personal items) directly on sinks as that is a potential contamination pathway. Individual totes may be used to carry and keep personal items off sinks. Items should be stored in personal bags, often called red bags, when not in use.
- Ensure food service personnel wear disposable gloves during preparation and serving of food and practice recommended hand hygiene
- Staff drink stations to limit the number of people touching the drink machines
- Instruct personnel not to share personal items (e.g., cups, canteens, safety glasses, etc.) with others
- Use ventilation systems, fans, or open windows to increase outdoor air circulation in enclosed spaces within the fire camp, including command tents, dining facilities, and showers, if outdoor air quality ☒ is in a healthy range
- Establish housing in one area of the fire camp (or nearby community) that could be used for isolation, if necessary, and assign someone on staff to ensure 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
- Ensure medical staff in the fire camp are familiar with the CDC Guidance for Healthcare Professionals, which provides information on control measures, including PPE that should be worn, when caring for people with known or suspected COVID-19

As wildfire season continues across the Western US, what can wildland fire agencies do to remain prepared for COVID-19?

Consistent and clear communication among all wildland fire agencies can help wildland fire personnel understand expectations and strategies to limit the spread of COVID-19 in the wildland fire work environment, and to continue their emergency response job without compromising safety. Because each wildfire response is different, fire managers and incident management teams may need to select the most appropriate infection control or mitigation strategies that meet their unique situational needs. However, expectations and polices to limit exposures and the spread of COVID-19 should be consistent during every response.

Fire managers and incident management personnel may also refer to CDC's guidance document, COVID-19 Communication Plan for Select Non-healthcare Critical Infrastructure Employers, for how to share key COVID-19 prevention messages with employees. This document also provides key messages that can be used in communications to help employees protect themselves, their families, and the surrounding community to help slow the spread of COVID-19.

All wildland fire personnel play an important role in helping to slow the spread of the virus that causes COVID-19. Wildland firefighters who test negative for COVID-19 or have no known exposure should still follow the recommendations listed on this page to help prevent infection and spread of the virus. Additional guidance specific for wildland firefighter on prevention, screening, and testing can be found on the National Wildfire Coordinating Group's Website [↗] .

Wildland firefighting often involves arduous and high intensity work. When should wildland fire personnel use cloth masks?

Wildland fire personnel should wear cloth masks in public settings and when interacting with people outside of their unit. Cloth masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice.

Fire personnel should wear cloth masks when in close contact with other people, such as during group travel with people from outside their unit, in meetings and during briefings.

Cloth masks are a critical preventive measure and are **most** essential in times when social distancing is difficult. If cloth masks cannot be used, make sure to take other measures to reduce the risk of COVID-19 spread, including social distancing (being able to stay at least six feet apart from others), conducting the activity in a location with greater ventilation and air exchange (for instance, outdoors versus indoors), frequent hand washing, and cleaning and disinfecting frequently touched surfaces.

Last Updated Sept. 21, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases