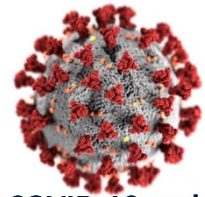


Rapid Lesson Sharing

Event Type: COVID-19 Screening Tool

Date: June 2020

Location: Mangum Fire,
Kaibab National Forest,
Arizona



**COVID-19 and
Fire Season 2020 Lessons**
For the latest on COVID-19 visit
[CDC.gov/COVID19](https://www.cdc.gov/COVID19)

Using the COVID-19 Screening Tool on the Mangum Fire

Two Resources Demobed Due to Their Elevated Temperatures

When they arrive at the Mangum Fire, resources are directed to the status check-in station where they are greeted by signs asking them to “Check Yourself” before they enter the building.

Posted on the door to the building [see photo on right] are the COVID-19 symptom questions that are on the screening tool form created by the Medical and Public Health Advisory Team ([MPHAT](#)).

This [Wildland Fire COVID-19 Screening Tool](#) form is part of MPHAT’s interim standard operating [procedure](#) for wildland fire personnel at duty stations and wildland fire incidents. It is intended to reduce the risk of disease to sustain a viable, safe and effective wildland fire management workforce.

The Check-In Process

If resources “pass” the screening questions on this form, they enter the building to begin the check-in process. Their temperature is then evaluated by medics with an infrared no-touch thermometer.



The informational signs that instruct folks on how to check themselves before they enter the status check-in station building on the Mangum Fire.



After successfully passing the screening questions on the Wildland Fire COVID-19 Screening Tool, folks have their temperature checked by a medic with an infrared no-touch thermometer.

If their temperature is below 100.4 degrees Fahrenheit they advance to the status check-in recorder and a series of QR codes to IAPs, maps, and the daily medical screening questions.

As part of the incident’s COVID-19 prevention mitigations, each module and/or single resource is asked to complete a symptom screening form each shift. One form is completed for the whole module—the only identifying information is their C, E, or O number. The Infectious Disease Medical Unit Leader (MEDL) follows up with any “Yes” responses. Resources complete the form when they have connectivity to the internet/data at some point during the shift.

Suspiciously High Temperature Reading

A few shifts after the IMT began the check-in station, a resource came through who had a suspiciously high temperature reading. Because the resource had just stepped inside from the hot sun, the medics had the individual sit out of the heat to cool off a bit before retaking the temperature reading—per the protocol that had been established by

the IMT. A second reading wasn't any lower. The resource reported that they were feeling fine and had no other concerning symptoms.

Cases of resources who have reasonably suspicious COVID-19 symptoms get reviewed by the Medical Section Chief, Infections MEDL, COVID agency administrator, Forest Safety Officer, and the local Emergency Operations Center (EOC) to determine an appropriate response.

The medic taking the check-in temperatures decided to wait another five minutes and take an oral temperature of this individual. This third temperature reading was lower than the previous two readings. While the appointed individuals were discussing the situation, two resources arrived and went through the same symptom and temperature screening. One of these individuals had the same results: two readings with the no-touch thermometer that indicated a potential fever, and one reading within normal range taken orally.

How to Proceed?

The Medical Section Chief, Infectious Disease Leader MEDL, Agency Administrator, Forest Safety Officer, and the representative from the EOC now had a perplexing situation that needed to be resolved.

How should they interpret two suspicious temperature readings from the infrared thermometer and one acceptable reading taken orally?

Mangum COVID-19 screen (2)

* Required

1. DATE: *

Please input date in format of M/d/yyyy

2. FIRE name *

Enter your answer

3. O#, E#, C#, other number *

O

E

C

Other

4. number *

Enter your answer

4. number *

Enter your answer

5. Today or in the past 24 hours, have you had any of the following symptoms? IF YES to any below symptoms contact Medical unit ()-()-()-() or ()-()-()-() *

Fever 100.4

Cough? Shortness of breath or difficulty breathing?

Muscle pain? Headache? Sore throat?

New loss of taste and/or smell?

no symptoms

6. In the past 14 days, have you or any of your Crew/Module/Group had contact with a person known to be infected with the coronavirus (COVID-19)? IF YES contact Medical unit ()-()-()-() or ()-()-()-() *

yes

no

Submit

The group acknowledged that there is potential for the no-touch thermometers to be less accurate. They also discussed how oral readings were not considered as part of the screening procedures. They played out different hypothetical situations such as: *“What if at this moment their temperature had dropped into the acceptable range only for it to spike again tomorrow?”*

Neither of these resources are reporting any of the other symptoms and don't feel ill.

Should they therefore ignore a potential warning sign? And what do they do with the second resource's partner who drove to the assignment with this person?

Final Outcome

After talking it over, they offered these two resources the option to get tested and stay in a hotel until they received results, or to be demobilize back to their home units.

Both resources declined testing. It was decided to send the first resource and the second resource, as well as their partner, home to follow their home unit's guidance and monitor their symptoms.

As part of the Mangum Fire's COVID-19 prevention mitigations, each module and/or single resource is asked to complete a symptom screening form each shift.

Lessons

- ❖ Establish clear screening protocols and implement them consistently.
- ❖ Ensure that individuals executing the protocols are clear on the intent and the procedures involved.
- ❖ Having direction in the Letter of Delegation from the hosting agency provided some clarity on what guidance to follow and who to involve should there be issues.
- ❖ Being outside in the sun and heat can affect the infrared temperature reading. Having individuals shade-up or sit in a cooler space prior to taking temperatures can help reduce false readings.
- ❖ Different units are working under different COVID-19 guidance. Consensus and support from leadership on what guidance to follow on the incident helps greatly when difficult decisions have to be made.
- ❖ By involving personnel from the local Emergency Operations Center helped to coordinate protocols that were in alignment with local public health.
- ❖ *"We are responsible for 700 people; it's not worth the risk."* – Medical Section Chief.
- ❖ Modifying the organization of the medical personnel increased capacity to handle these more labor-intensive situations. The incident set up a Medical Section Chief overseeing three Medical Unit Leaders (MEDL) – a Planning MEDL, a Field MEDL, and an Infectious Disease MEDL.
- ❖ Each case is different and many items have to be considered to determine an appropriate set of decisions and actions.
- ❖ Forms in FireNet365 only allows for 1,000 responses. On larger or ongoing incidents, IMTs will have to establish another form when responses hit that mark. Modifying the old form to direct resources to the new form may be helpful in communicating this change.

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