



How This IMT Responded to a Close Contact Coronavirus Exposure Reported on the Sawtooth Fire

Lessons – Takeaways – Lingering Questions



Retardant drop on the Sawtooth Fire on June 1. Photo courtesy InciWeb.

On the Sawtooth Fire on the afternoon of Thursday, June 4, through casual conversation with a group of resources, a Division Supervisor became aware that one of them had recently been exposed to an individual with a confirmed case of COVID-19. This Resource would be getting tested the next day. Concerned, the Division Supervisor promptly notified the IMT's appointed Medical Officer and the command and general staff began the process of responding to their first coronavirus exposure of the season.

Over the phone, the Medical Officer and the Resource discussed the exposure to determine the following details:

- ❖ What was the nature of the exposure to the confirmed case of COVID-19?
- ❖ What PPE was in use and when?
- ❖ How long was the interaction?
- ❖ What COVID precautions have they been doing on the Sawtooth Fire?

How the Coronavirus Exposure Happened

The Resource (also an urban first responder) responded to a medical assist on the highway two days earlier. The Resource began patient assessment wearing only gloves for PPE and continued in this fashion for several minutes. During the assessment, it was discovered that the patient's temperature was 102.6, at which point the Resource donned their N-95 respirator.

No aerosolizing procedures such as intubation, ventilation, and suction were performed. The patient was transported to a local hospital where they later tested positive for the coronavirus. While working on the Sawtooth Fire, the Resource had been maintaining social distancing when they could, but had not been wearing a cloth face covering regularly.



Suppression activity on the Sawtooth Fire. Photo courtesy InciWeb.

At the Agency Administrator meeting that evening there was open discussion regarding how to share the event with resources on the fire, concentrating on exposure risk to incident personnel and transparency in the process.

Post Exposure Actions

Due to uncertainty on the exact time length spent with the patient, the Medical Officer asked the Resource to leave the fire and follow their department's protocols regarding COVID-19 exposures. The Resource was also asked to provide a list of individuals on the incident with whom he had "close contact" as defined by the Centers for Disease Control and Prevention (CDC) in case contact tracing was needed. (The CDC defines "close contact" as an individual who has been within six feet of an infected person for at least 15 minutes up to 48 hours prior to the onset of illness.)

The Medical Officer contacted both the Resource's training officer and medical director. The IMT completed all demobilization paperwork virtually.

The Medical Officer also reached out to county health authorities for expert consultation to determine the risk of others contracting the virus through contact with the Resource and what factors to consider in taking further actions.

Unfortunately, the local health authorities were unable to provide support. The Medical Officer was able to discuss the situation with a public health professional of neighboring county. Because the status of the Resource did not meet the criteria set by the CDC for a probable or a confirmed COVID-19 case, they recommended the continued practice of personal prevention measures.

Sharing the News of this Coronavirus Exposure

At the Agency Administrator meeting that evening there was open discussion regarding how to share the event with resources on the fire, concentrating on exposure risk to incident personnel and transparency in the process. In addition, current prevention measures used on the incident were reevaluated for adequacy.

Sharing the event at the evening Operations meeting was impactful for those in attendance. Given the lack of activity on the fire and an abundance of caution, the Operations Section Chief and the Medical Officer decided to demobilize the four individuals who had been in prolonged close contact with the Resource without wearing masks. Without adequate contact information for those individuals, they were intercepted on their way to morning briefing the next day.

The employing units of all four of these individuals being demobilized were offered the opportunity to switch-out workers and have their apparatus cleaned. The decision for demobilization of those resources was also documented with Human Resources.

Lessons

- ❖ Provide clear Leader's Intent regarding expected COVID-19 prevention measures.
- ❖ Realize the need to control personal space. Stick to prevention basics: wash hands, remain six feet from people and wear a mask.
- ❖ Document, determine exposure, and seek expert guidance. Don't be afraid to press "pause".
- ❖ Be diligent on maintaining up-to-date contact information for resources; they may be needed for notifications.
- ❖ Simplified COVID-19 strategies may be more digestible and usable by resources rather than pages of prescriptive tactics currently available in the Area Wildfire Response Plans.
- ❖ Need to respect others' comfort levels regarding COVID-19, but decisions should be about safety, not personal views.
- ❖ Generated a lot of "What ifs". What if I get sick? What if I bring this home? What if I give it to others?
- ❖ Simple prevention measures can reduce the extent of disease spread.
- ❖ The pace of the Sawtooth Fire provided decision space to work through the novel situation.
- ❖ How decisions are implemented can cause individuals to feel singled out and resulting impressions can create stigma linked to others' assumptions of one's COVID-19 status.
- ❖ Do not assume that protocols are consistent between agencies, departments, contractors, etc. Need to be more aware of the different COVID-19 guidance that resources have and their different interpretations and implementations.
- ❖ There is a difference of perception about operating in a COVID-19 environment between those who have been regularly responding to potential COVID-19 calls and those who do not have that familiarity or experience.
- ❖ Available guidance documents are decision starting points but not decision makers.
- ❖ Professionalism helps build trust. Appreciate the support provided by members of the IMT.
- ❖ It was uncomfortable to make notifications and implement decisions. However, as the Division Supervisor explained: *"as DIVS my responsibility is the safety of the whole Division."*

Takeaways

- ❖ Should a more complex exposure occur, a basic understanding of public health principles may assist in communicating and working with public health officials. This may include infection control, epidemiology, and contact tracing.
- ❖ Resources assigned to the fire may be operating under different guidance. Municipal cooperators are considered critical infrastructure which has different continuance of operations recommendations than the public health guidance other entities may be following. It remains important to be familiar with and adhere to the recommended practices in their guidance document.
- ❖ Application of a COVID-19 related PACE (Primary, Alternate, Contingency, Emergency) model may be applicable due to fire activity, resource demand and/or because local health authorities are unavailable to provide guidance. Referencing hierarchy of controls can help inform actions.
- ❖ Familiarization with Federal/State/Local guidance documents prior to the incident may be beneficial for creating a PACE plan for COVID-19 related issues.

Lingering Questions

- ❖ Can the IMT make resources wear masks?
 - ❖ What actions can be taken if people choose to not adhere to prevention measures set forth by the IMT or recommended by the CDC?
 - ❖ Can the IMT require individuals to report close contact exposures such as the one presented here?
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