To: Coordinating Group Advisory Council,  
Geographic Area Coordinating Group Chairs

From: Ken Schmid  
Chair, National Multi-Agency Coordinating Group

Subject: Continued COVID-19 Prevention and Mitigation for Wildland Fire – 2022 Fire Year

As we continue with an already busy 2022 fire year, recent cases of COVID-19 within fire camps and airbases are a stark reminder that it is vitally important for all personnel involved in the firefighting effort to remain vigilant and continue COVID-19 prevention efforts and mitigation measures.

The COVID-19 pandemic remains a threat to wildland fire operations and wildland fire incidents are considered high risk work environments for infectious disease transmission. This memo provides recommendations from the Centers for Disease Control and Prevention (CDC), the Safer Federal Workforce Task Force (SFWTF), and the Medical and Public Health Advisory Team (MPHAT). MPHAT will continue to monitor the national COVID-19 situation and advise when recommendations need to be amended.

The National Multi-Agency Coordinating Group (NMAC) recommends the following guidance:

• Crews and modules should continue to use a Module as One approach, as redefined in 2021.
• Minimize the size and number of personnel at Incident Command Posts (ICPs) when and where possible. Fire camps and camp layout must be designed to allow for physical distancing. Use of smaller spike camps to insulate crews and modules from each other and other outside personnel and resources is ideal.
• Reduce the number of personnel at briefings to only required individuals and use physical distancing during meetings when possible. Continue use of radio or video briefings when possible.
• Masking should be implemented per COVID-19 community level and CDC prevention strategies (see https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html)
• Fire personnel are to follow their Agency’s screening testing policy, instruction, and protocols.
• Incident management teams should be conducting COVID-19 symptom screening to identify individuals with potential COVID-19 infection on incidents. Anyone experiencing COVID-19 symptoms or has been exposed to COVID-19 by a close-contact should not go out to the fireline and should work with the medical unit on a wildfire incident to be tested for COVID-19. Test kits are available through the cache system.
• Assign a Firefighter Health Coordinator (FHC) on all Type 1, Type 2, and Complex incidents. An FHC is MPHAT’s recommended interim uniform title for all previous Incident Management Team position titles used to support COVID mitigation and response (i.e., COVID Coordinator, COVID Liaison, Health Liaison, Health Officer, etc.).
• Documenting the spread of COVID-19 on incidents consistently across geographic areas is important for understanding and managing effects of COVID-19 on fire resources. The Incident COVID-19 Tracker (ICT) will be the standard COVID-19 tracking system used on all large incidents (300-acres brush or 100-acre timber and submitting a 209). Incidents meeting the criteria are requested to report any COVID-19
related activity and health outcomes into the ICT. Appropriate users from any agency may request access to the ICT by emailing: Incident_COVID19_Tracker@doi.gov.

In addition to minimizing COVID-19 infections, these strategies can also prevent other infectious disease (such as “camp crud”) spread on large wildfire incidents.

Incident management teams (and all involved in the firefighting effort) need to continue to emphasize COVID-19 prevention and mitigation and help us get through this fire year safely.

Ken Schmid,
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CC:
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