National Urban Search & Rescue Response System

BLUE SHEET

Summary Report of an Incident Within an Incident or Near Miss Event

2020 COVID-19 Pandemic Responses

Calendar Year – 2020

Near Miss – Response, All Disciplines

Summary

In 2020, the National Urban Search and Rescue (US&R) Response System (the System) activated resources and Incident Support Team (IST) personnel for eight responses, with seven deployments occurring during the COVID-19 pandemic. During these deployments the System encountered numerous personnel who, according to the Center for Disease Control (CDC) criteria, either; tested positive, became symptomatic, or were identified as a close contact[1]. Each of these situations resulted in additional preventive measures occurring to identify and control exposures to other System personnel. In one case contact tracing identified exposures to up to 20% of that System resource's personnel, and potentially impacting the ability of that resource to fulfill its response mission. Contact tracing performed post-deployment of a different System resource identified 100% of their personnel were potentially exposed.

During the 2020 deployments selected members of the IST (Medical, Safety, Operations, Logistics, Leader, and ESF #9) were tasked with managing System member COVID-19 exposures. There actions included gathering information to identify the following facts/trends:

- A substantial number of deployed System personnel were unaware of, or did not to follow, GM 2020-32c *COVID-19 Operational Guidelines*

- Personnel did not follow CDC Guidelines on physical distancing

- Personnel did not wear, or have, proper respiratory PPE readily available

- The majority of close contact notifications from an outside source were made within the first 48-hours of deployment

- 95% of System personnel tested positive when a close contact was identified as someone from their household or an immediate co-worker

- Additional exposures occurred in vehicles, meeting, eating, and sleeping areas

- Contact tracing was performed but not well documented

There was no standard reporting process to the IST or US&R Branch.

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

December 2020

Recommendations for Immediate Corrective Actions

Based on the numerous cases and attention required to ensure a safe workplace, the deployments of 2020 have proven changes must be made. The global management focus for infectious disease outbreaks is on prevention. Aggressive screening and efforts to prevent spread are much easier performed prior to deployment. The impact of exposure/infection after a System resource has deployed is more difficult in order of magnitude, cost is significantly greater, and the operational effectiveness of the System is greatly impacted. It is imperative that all personnel be diligent in their efforts to prevent spread of the infection to others in the System.

Therefore, the following recommendations for corrective actions include but are not limited to:

- Revise GM 2020-032c *COVID-19 Operational Guidelines* to include current CDC recommendations, lessons learned from recent System deployments, and current best practices

- All System task forces are to implement an educational ***Safety Stand-Down*** to ensure all personnel are aware of and adhere to the newest *COVID-19* Operational Guidelines

- Focus on required pre-deployment screening testing is highly encouraged

- Adopting and implementing the Module as One concept[2]

- Prioritize source protection, personal hygiene, and physical distancing

- Increase respiratory protection to a minimum of N-95 or equivalent in confined areas (any area where physical distancing cannot be performed)

- Provide NIOSH approved N-95/KN-95 fit-testing in accordance with respiratory protection standards (Federal and or State OSHA regulations). Ensure testing capability encompasses in theatre operations (i.e. resupply of different model/manufacturer). [see Attachment A - COVID-19 Respiratory Protection, and respiratory testing on responsesystem.org/safety]

- Prompt reporting of COVID-19 symptoms, positive test notifications, or close contact notifications

- Ensure immediate self-isolation or self-quarantine of personnel / Module as One

- Perform a comprehensive contact tracing with documented results

- Comprehensive demobilization that outlines medical and logistical support

- Develop a standardized COVID-19 reporting system

- Identify post-incident medical directives to include COVID-19 factors

---

[2] See Task Force Talk – *Module as One* (issued 12.2020) located on responsesystem.org

December 2020

Photos/Site Diagrams/Maps

The Base physical layout must focus on functionality and hygiene considerations for SARS CoV2 and other pathogens that pose a risk to personnel.

All Base entry / exit should occur through a single point, and System resources are familiar with the concept of a "Decon Corridor" at Base entrances.

As it is difficult to maintain physical distancing in Base tents, consider other risk reduction activities such as utilizing the Module as One concept for sleeping assignments:

- Personnel should arrange sleeping "head to toe".
- Increase tent ventilation
- Increased cleaning schedule of frequently contacted surfaces

Establish a COVID-19 compliant meeting space (virtual versus on-site). On-site locations shall be well ventilated and provide for physical distancing. N-95s (or equivalent) are required in confined areas when physical distancing and/or proper ventilation cannot be attained.

December 2020