Wildfire Smoke Action Guidance

For Administrators

Wildfire smoke can have significant impacts on the health and well-being of both patients and staff at healthcare facilities. As the frequency and intensity of wildfires continue to increase, it is crucial for clinics to have a comprehensive plan in place to prepare for, respond to, and recover from wildfire smoke events.

This Wildfire Smoke Actions Guidance provides a step-by-step guide for facility administrators to ensure their clinics or health centers are ready to mitigate the health impacts of wildfire smoke. The plan is divided into four sections, each addressing a specific phase in a response: the start of wildfire season, when smoke impacts are anticipated, during smoke impacts, and after smoke impacts have subsided. By following the actions outlined in this plan, healthcare facilities can minimize the negative effects of wildfire smoke on their operations and the health of the communities they serve.

Start of wildfire season* (note: wildfires can occur throughout the year)

In addition to actions listed in the **Wildfire Preparedness Checklist**, the Weather Resilience Lead, with support from facility leadership, should lead the following activities:

☐ Test HVAC systems and check filters. If possible, utilize MERV 13 or higher HVAC filters.

☐ Review **Personal Emergency Preparedness** recommendations with clinic staff.

☐ Establish clear protocols for clinic closure and inform staff when the clinic is closed due to smoke.

☐ Take steps to seal any gaps (doors, windows, etc.) that may allow smoke in. Consider purchasing HEPA-grade portable air cleaners appropriately sized for each room. Ensure these purifiers do not produce ozone.

☐ Develop, train staff, and test **Wildfire Smoke Communications Templates**.

☐ Stay informed about wildfires and smoke forecasts in the area. See **Weather Hazard Monitoring.**

☐ Consider installing a particulate matter sensor (PM 2.5) to provide local air quality data to support staff and patient decision making. Rural areas often have few monitors and smoke forecasts such as Airnow.gov models make assumptions on air quality that are less accurate in areas without monitors. Satellite smoke data and forecasts can provide more accurate information for rural areas and can be accessed at NOAA-HRRR (click the eye icon next to near surface smoke, then click the play button at the bottom of the screen).

** It is important to recognize that wildfire season varies widely by location; while fire season in subarctic regions may be relatively short, in other locations, for example southern California, wildfire is increasingly a year-round risk.*

When wildfire significant smoke impacts are anticipated (near fire location or smoke is forecasted)

- Wildfire smoke is particularly difficult to forecast beyond a day: 24-hour forecasts can be found at AirNow.gov. More precise air surface/near surface smoke forecast maps can be found at NOAA-HRRR (click the eye icon next to near surface smoke, then click the play button at the bottom of the screen). Some jurisdictions may have air quality agencies which provide more precise forecasts.
- Close proximity to a wildfire increases the likelihood of significant smoke impacts.
- Discuss with patients if rescheduling is a possibility, in order to reduce patient smoke exposure. Prioritize discussing this with patients that are particularly high-risk, take public transportation, or walk/bike to appointments.
- When possible, consider using telemedicine to maintain essential visits with high-risk patients (asthma, COPD, etc.).
- Install HVAC systems with MERV13 filters or higher to ensure filtration of fine particles.
- Ensure staff are aware of personal preparedness actions they can take to reduce their exposure.
- Schools or after-school activities may be canceled. As a result, anticipate potential impacts on staff availability.
- If staff live in or near evacuation areas, anticipate impacts to staff availability.
- Ensure clinic admin are registered for local emergency alerts. Often these systems are opt-in, and individuals need to visit their local emergency management websites to register.
- Check with city/county emergency management or the local health department for locations of cleaner air shelters, if available. This information should be shared with staff and patients.
- Communicating health information to patients about smoke exposure is critical. See patient and provider information sheets.
- Distribute N95 respirators for staff working outdoors or for use in transit to and from work.

During wildfire smoke impacts (AQI above 100 - unhealthy for sensitive groups)

☐ Check HVAC systems and filters regularly. Wildfire smoke can clog filters and they need to be replaced often.

☐ Check-in with city/county emergency management or local health department for any updated information regarding cleaner air shelters.

☐ Ensure critical smoke information is being communicated to patients. See **Wildfire Communications Template**.

- Some important factors make patients more susceptible to the negative health effects of air pollution, including:
  - Age (particularly children under 5-years-old and people over 65)
  - Pregnancy
  - Chronic medical problems (e.g., diabetes, heart disease, chronic kidney disease, chronic obstructive pulmonary disease (COPD), etc.)
  - Working outdoors and / or in manual labor jobs

- Socioeconomic status (e.g., low-income status, living in informal settlements, low-income neighborhoods, or those living unhoused)

After wildfire smoke impacts (when AQI is below 50ppm - good)

- When the air quality index is below 50ppm, open windows to increase ventilation.
- Reschedule patient appointments which may have been canceled due to poor air quality.
- Replace HVAC filters.
- Replace portable air cleaner filters and continue to run them to ensure indoor air quality returns to normal. Clean sensors on portable air cleaners that have built in particulate sensors.
- If your facility was impacted by fire, please see the **Guidance and Checklist for Facility Repair and Re-Entry After Wildfire**.

Notes: