I. PURPOSE

To outline the policy for dispatching inmate crews for wildland fire fighting anywhere in the state, in accordance with the Inmate Work Programs agreement between the Oregon Department of Forestry and Oregon Department of Corrections.

II. POLICY

A. Dispatching Inmate Fire/Emergency Crews:

All requests for inmate fire fighting and support crews will be made by the Department of Forestry’s Unit Offices, District Dispatch or Salem Fire Operations Center directly, or in the case of a DOC multiple institution response, the request may come through the Department Inmate Work Programs Administrator’s office.

1. Fire Crew Call-Out: When an institution receives a call from Department of Forestry’s Unit Offices, District Dispatch, Salem Fire Operations Center representative or Department of Corrections Inmate Work Program Administrator for inmate fire crews, the Institution’s Officer in Charge, Control Center staff or other designated staff will complete a Fire Crew Activation form (attachment 1) and obtain the following information:

   a. Name of the agency requesting assistance;
   b. Telephone number of requesting agency;
   c. Point of Contact and phone number;
   d. Agency request number, project number and billing number;
   e. Requested time of crew(s) arrival to designated fire mobilization site;
   f. Assignment detail description and departure time of crews;
   g. Location of the fire/emergency and directions from the institution;
   h. Team Leader, Forestry Liaison Officer and Forestry Inmate Crew Supervisors;
   i. Number of crews to be dispatched; and
j. Record vehicle license numbers.

B. Notifications:

When activated, each institution will be responsible to notify, at a minimum, the Inmate Work Programs Administrator’s Office, appropriate local and state authorities, and the institution’s command structure (the command structure communication requirement may vary at each institution).

C. Remote Fire Camp

1. For a single response fire, the institution activated will establish the minimum number of staff assigned, including necessary lead staff, if indicated.

2. The normal ratio of staff to inmates will be 1:10 for fire fighting crews, and 1:15 for fire camp support crews. Exceptions can be made to these ratios pursuant to department rule on Inmate Work Crews. Decisions in the field relating to such changes need to be made by the Superintendent, with a follow up phone call to the Assistant Director of Institutions.

3. When multiple institutions are deployed to a single fire incident, the department’s Camp Commander shall be ranked Lieutenant or above.

4. The institution closest to a fire site, which participates in the ODF response plan, will be responsible for designating a Camp Commander unless the first responding institution has a lieutenant assigned to the camp or other arrangements are made between responding institutions.

5. Upon arrival at a fire camp, the Camp Commander will make immediate contact with the Forestry Liaison Officer and obtain instructions for an inmate camp location.
   a. All inmates will be housed in the same location (by crew) in order to achieve cooperative supervision and maximize available staff resources.
   b. Inmate camp location will have posted perimeter boundaries.

6. The Camp Commander will be responsible for gathering necessary logistical information needed to coordinate showers, meals, laundry services, medical supports, local law enforcement services and vehicle refueling. (See attachment 7 – ODF Fire Camp Organizational Chart)

7. This information will be relayed to the activated institution(s) Officer(s) in Charge/control center(s) as soon as possible.

8. The Camp Commander will schedule and notify all staff of the on-call process.

9. The Camp Commander will be responsible for maintaining all personnel time sheets and staff schedules.

10. Staff responsible for direct supervision of inmate work crews will be responsible for completing inmate work rosters. Forestry personnel
charged with supervision of inmate work crews will complete the rosters for those crews. (ODF shift tickets)

D. Transportation to and From the Incident:

1. Staff will inspect vehicles intended for transport prior to departure to ensure they are in safe working condition.

2. When possible, all vehicles from a designated location will travel in a convoy, maintaining a safe speed and observing all traffic laws.

3. Rest stops may be made as needed, with due caution and consideration for public interaction and safety. Inmates will be supervised at all times during rest breaks.

4. Staff will assure all inmates are present prior to leaving rest stops.

5. Communication checks (radio, cell phone, etc.) will be made prior to departure from the institution and routinely during the trip, where possible, to insure lines of communication are in working order. The frequency of checks thereafter will be determined by individual institution post orders.

E. Transportation to and From the Incident:

1. Medical Emergencies: If an inmate becomes ill or seriously injured, the Camp Commander will communicate with the activated institution Officer in Charge and arrange for transport to the nearest medical facility for evaluation and assessment.

   a. Institution Health Services staff will contact the medical facility's point of contact person, assess the inmate’s status and determine the need for transport to a Department of Corrections Institution.

2. Disciplinary Emergencies: In the event of serious misconduct by an inmate which requires immediate removal and transport from the remote fire site, the Camp Commander will notify the activated institution Officer in Charge to arrange transport. If the travel time to an institution creates serious camp staff shortages, or there is need for immediate secure housing, the Camp Commander may contact local law enforcement for assistance in transportation and lodging.

3. There may be times the DOC Transport Unit may assist in the transportation of inmates and/or staff to and/or from ODF Fire Camps.

III. IMPLEMENTATION

This policy will be adopted immediately without further modification.
EMERGENCY INMATE CREW ACTIVATION REQUEST
(Attach Inmate Roster)

DATE: ___________ TIME: ___________ Institution Request #: ______________
Agency Requesting Assistance: ____________________________________________
Telephone Number of Requesting Agency: _________________________________
Point of Contact (POC) at Requesting Agency: ______________________________
POC Telephone Number: ________________
Agency Resource Number: _______________ Agency Project Number: ______________
Agency Billing Number: ___________________________
Assignment Details (include start and approximate ending times, and the number of inmates requested):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Location/Direction from Institution: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NOTIFICATIONS

Name(s): ___________________________ Time: _____________________________

Institution Administration: _______________________________________________
(May be different at each institution)

Central Office Notification: _______________________________________________

Team Leader & Crew Supervisors: ________________________________

________________________

________________________

Camp Supervisor:
Driver/Vehicle ID Number: ________________
EMERGENCY MEAL ORDER

TO: FOOD SERVICES MANAGER
DATE: __________________

EMERGENCY/ FIRE NAME: ___________________________________________________
EMERGENCY/ FIRE NUMBER: ______________________________________________
NO. OF LUNCHES: __________________________
NO. OF CONTAINERS OF HOT WATER: ________________________
NO. OF COOLERS OF COLD WATER: _________________________
READY TIME: ______________________________
APPROXIMATE TIME CREW WILL BE OUT OF FACILITY: _____________________
COMMENTS: _______________________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
Signature ____________________________________
Printed Name _________________________________
STAFF PERSONAL EQUIPMENT GUIDELINES

Equipment needs to be packed and carried with you in case you are deployed from work:

ENOUGH CLOTHING FOR FIVE DAYS:

<table>
<thead>
<tr>
<th>Uniform Shirts</th>
<th>Pillow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform Cap</td>
<td>Towels</td>
</tr>
<tr>
<td>Jeans</td>
<td>Watch/Alarm Clock</td>
</tr>
<tr>
<td>Socks</td>
<td>Coat</td>
</tr>
<tr>
<td>Shorts</td>
<td>Wind Breaker</td>
</tr>
<tr>
<td>Underwear</td>
<td>Gloves</td>
</tr>
<tr>
<td>T-shirts (personal)</td>
<td>One (1) pair of Tennis Shoes</td>
</tr>
<tr>
<td>Bras (if needed)</td>
<td>Boots</td>
</tr>
<tr>
<td>Thermal Underwear</td>
<td></td>
</tr>
<tr>
<td>BDU’s</td>
<td></td>
</tr>
<tr>
<td>Cold Weather Jumpsuit</td>
<td></td>
</tr>
</tbody>
</table>

Additionally, take the following:

- Sun Screen
- Insect Repellent
- Driver’s License
- State Identification (DOC)
- Two (2) Laundry Bags
- Sleeping Bag (we will provide them if needed, however some staff prefer their own)
- Additional blankets

At least a two week supply of the following:

<table>
<thead>
<tr>
<th>Shampoo</th>
<th>Conditioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soap</td>
<td>Toothpaste</td>
</tr>
<tr>
<td>Toothbrush</td>
<td>Lip Balm/Chap stick</td>
</tr>
<tr>
<td>Lotion</td>
<td>Prescription Medication</td>
</tr>
<tr>
<td>Sun Glasses</td>
<td>Hand Lotion</td>
</tr>
</tbody>
</table>
INMATE PROPERTY CONTROL GUIDELINES

Ensure the inmates have the following and cover any shortages from Intake or the Warehouse if needed.

___ 2 PAIR OF JEANS
___ 1 PAIR OF RED SHORTS
___ 3 T-SHIRTS
___ 1 SWEATSHIRT
___ 3 BLUE LONG SLEEVE SHIRTS
___ 2 PAIR OF SOCKS
___ 1 PAIR OF SHOES AND 1 PAIR OF WORK BOOTS (ONE BEING WORN)
___ 2 PAIR OF LONG UNDERWEAR
___ 1 JACKET
___ 1 STOCKING CAP
___ 2 TOWELS
___ 1 LAUNDRY BAG
___ 6 PAIR UNDER WEAR
___ 1 SET OF RAIN GEAR
___ SHAMPOO
___ TOOTHBRUSH
___ TOOTHPASTE
___ PRESCRIPTION MEDICATION - IF NEEDED (TAKE 2 WEEKS SUPPLY)
___ COMB/PICK
___ BASEBALL CAP
___ DEODORANT
___ SUNSCREEN

NOTE: Each inmate is responsible to secure all remaining property in their locker and make sure it is locked.
FIRE CREW CHECKLIST GUIDELINES

ADMINISTRATIVE BAGS (#1, #2, #3) will be secured in the Fire Cache until needed.

- Crew Alpha List (12)
- Escape Packets
- DOC Phone # list
- DR’s/Addendum
- UIR’s
- Accident Reports
- Media Release Form
- Tape Recorder
- Envelopes
- Envelopes/Stamp
- Sheet Protectors
- Clip Board
- Grease Pencils
- Release of Public Information
- Paper Clips
- Pens
- Staplers
- Rubber bands
- Pencils
- Staples
- Post-its
- High lighters
- Fire Camp Post Order Book
- Extra Batteries
- Blank Crew Sheets
- Handbook - Inmate Prohibitive Conduct

SUPPLY BOX

- (100) Flex Cuffs
- (4) Flashlights
- (3) Radios w/AA Batteries
- Scissors/Sewing Kit
- Battery Packs
- Contamination Kit
- Disposable Camera
- Maps
- Compass
- Cotton Gloves
- Flagging
- String
- Restricted Area Signs
- Garbage Bag liners
- Lantern Mantels
- Matches

HYGIENE SUPPLIES: The Crew Supervisor will be responsible for ensuring additional supplies are loaded into transport vehicles prior to departing the institution. Additional supplies will be in a pre-packed container located in the Fire Cache. Contents are as follows:

- (1CS) Toilet Paper
- shoe laces
- (24) Towels
- (2bx) Razors
- (2bx) Toothbrushes
- (1cs) Paper Towels
- (1bx) Picks/combs
- (1cs) Soap
- (1bx) Baking Soda
- (1 gal) bleach
- (1bx) Laundry Soap
- (1bx) Shaving Cream
I. MEDICAL SUPPLY BOX INVENTORY