Oregon Department of Forestry

Incident Resource Agreement

2026-2029

Appendix Eight (8) – MEDICAL RESOURCES
RESOURCE DUTIES, QUALIFICATIONS, COMPENSATION, & INVENTORY

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SECTION A – ADDITIONAL TERMS & CONDITIONS

A.1 – Scope of Work

A.1.1 – General Duties

Medical Services Resources are required to provide emergency medical care, patient assessment, treatment, monitoring, and transport coordination in support of wildland fire operations.

A.1.2 – Requirements

Resources must deliver services in accordance with their certified scope of practice, approved medical direction, and all applicable state and federal medical standards.

Medical personnel and units are required to:

a) Provide emergency medical care to Incident personnel, including initial assessment, stabilization, treatment, and documentation of all patient encounters.
b) Operate within the Oregon EMS scope of practice for their certification level and under the direction of their designated Oregon-licensed Medical Director.
c) Maintain readiness to respond to medical incidents within assigned divisions, branches, or incident facilities as directed by the Medical Unit Leader (MEDL) or Incident Command.
d) Participate in Incident operational activities, including briefings, strategy meetings, safety discussions, and on-the-line standby as assigned.
e) Ensure appropriate equipment, medications, and supplies are maintained, stocked, inspected, and immediately available throughout the assignment.
f) Provide patient packaging and coordination for medical transport, including ground ambulance, air ambulance, REMS, or other extraction resources as needed.
g) Communicate effectively with MEDL, Safety Officer (SOFR), Division/Group Supervisors, Dispatch, and other Incident personnel using approved communication channels.
h) Document all medical encounters using Incident Medical documentation standards and provide records to the MEDL or other designated authority per incident policy.
i) Support the Incident Medical Plan (ICS-206) and comply with all Incident safety requirements, including PPE use, hazard recognition, and Work/Rest guidelines.
j) Assist with medical surveillance, including monitoring heat-related illness, smoke exposure concerns, fatigue indicators, and other emerging health and safety threats to personnel.
k) Ensure confidentiality of medical information and comply with relevant privacy standards.

A.1.3 – Assignment Locations

Medical resources may be assigned to:

- Base Camp Medical Units (BCMU)

- Fireline medical positions (EMTs, Paramedics)
- Rapid Extraction Module Support (REMS)
- Aid stations, spike camps, helibases, staging areas, or other operational locations

A.1.4 – Self-Sufficiency
Medical Resources will remain fully self-sufficient for the duration of their assignment, unless otherwise provided by the State or Incident, and must be available for reassignment as operational needs require.

A.2 – General Requirements

A.2.1 – Compliance
The Resource Provider must comply with all applicable medical standards and requirements, including but not limited to:

a) the Oregon Health Authority EMS Provider Licensure requirements;
b) NWCG Minimum Standards for Medical Units;
c) National EMS Scope of Practice Model;
d) PMS 551 – *Clinical Treatment Guidelines for Wildland Fire Medical Units*;
e) PMS 552 – *NWCG Standards for Rapid Extraction Module Support (REMS)*; and
f) Any additional written guidance issued by the Government during the Term of the Agreement.

A.2.2 – Professional Liability Insurance
The Resource Provider must provide proof of current Professional Liability Insurance with:
a. A combined single limit of no less than $1,000,000 per occurrence; and
b. An annual aggregate limit of no less than $2,000,000.

A.2.2.1 - This coverage is in addition to the standard insurance requirements in the Incident Resource Agreement, Terms and Conditions, Section M.

A.2.2.2 – Additional insured are to include: the State of Oregon, Oregon Board of Forestry, Oregon Department of Forestry, Coos Forest Protective Association, Douglas Forest Protective Association, and Walker Range Protective Association.

A.2.3 – EMS Personnel and Medical Direction
The Resource Provider must supply EMS personnel who:

a) Are certified in the State of Oregon; and

b) Operate under the medical direction of a recognized Oregon-licensed Medical Director providing oversight, including medication procurement, QI/QA, and retrospective operational review.
    - A signed letter from the Medical Director confirming these requirements must be provided to the State. EMS personnel are to perform only within their authorized scope of practice.

A.2.4 – Incident Arrival Inspection
All medical resources are subject to inspection upon arrival at an Incident by the MEDL, Safety Officer, ICPI, or a MEDL-appointed designee. Inspections must verify required equipment and supplies regardless of the inspector's clinical scope.

A.3 – Medical Director Protocol Requirements

A.3.1 – Minimum Protocol Requirements
The Resource Provider's Medical Director must provide protocols authorizing EMS personnel to:

a) Practice at any Oregon location;
b) Make clinical observations;
c) Dispense commonly available over-the-counter medications;
d) Carry minimal trauma supplies suitable for ALS and BLS personnel; and
e) Provide and administer minimal quantities of pain control and cardiac medications.

A.4 – Rates and Compensation

A.4.1 – Wet Rates
Rates provided by Resource Provider, and approved by the State, are understood to be 'Wet' Rates. Wet Rates include:

a) Equipment
b) Transports and additional vehicles;
c) Qualified personnel and drivers;
d) Fuel, and
e) All required maintenance.

Unless modified under ***Section A.5 - Exceptions***, payment will be made at the agreed-upon rates.

A.4.2 - Daily Rates
A.4.2.1 - Daily Rates apply when Medical Resources are ordered by the State and placed On-Shift.
A.4.2.2 – On-Shift Definition

On-Shift includes:

a) Time performing work;
b) Time held or directed to remain in a state of readiness;
c) Time spent in Operational Period briefings;
d) Mobilization activities (Check-in time); and
e) Compensable travel that has a defined start and end time.

A.4.3 - Minimum Daily Compensation

A.4.3.1 – Minimum Hours

Daily Rate payments are based on a minimum of eight (8) hours of On-Shift time between 0001 and 2400 hours.

A.4.3.2 – Reduced Hours

When On-Shift time totals fewer than eight (8) hours, payments are made at one-half (½) of the agreed-upon Daily Rate.

A.4.3.3 – Shift Length

A single-shift Resource is not restricted to a 12-hour shift; shift duration will be determined by the operational needs of the Incident.

A.4.4 - Extended-Shift Rates

A.4.4.1 – Applicability

When a Resource or personnel works eighteen (18) hours or more within a single day (0001–2400 hours), the Extended-Shift Rate applies. The Extended-Shift Rate is not determined by how many Operators are assigned, but hours worked.

- The Extended-Shift Rate is 165% of the agreed-upon Daily Rate.

A.4.5 - Double-Shift Rates

A.4.5.1 – Staffing Requirements

The Double-Shift Rate applies only when the Resource or personnel is staffed with two (2) separate crews providing continuous coverage over a 24-hour period (0001–2400 hours), typically through two 12-hour shifts (day and night). Double-shift staffing must be clearly documented on the Resource Order.

- The Double-Shift Rate is 165% of the agreed-upon Daily Rate.

A.5 – Exceptions

A.5.1 - Inoperable Equipment or Unavailable Personnel
A.5.1.1 - No payment will accrue for any period during which the Resource is not in a safe or operable condition, or when a Personnel is not available for all or part of the assigned shift.

A.6.1.2 - Payment is based solely on the hours the Resource is operational during the assigned shift, as documented on the Shift Ticket, compared against the designated shift identified in the IAP.

A.6.1.3 - Resource work time of fewer than eight (8) hours is compensated at one-half (½) of the agreed-upon daily rate.

A.6.2 - Failure to Replace Resource or Repair Supplies or Equipment
After inspection and acceptance for use, if Resource cannot be replaced, or if equipment or supplies cannot be repaired at the Incident within twenty-four (24) hours, the Resource(s) may be considered withdrawn by the Resource Provider.

A.6.3 - Voluntary Withdrawal by Resource Provider
If the Resource Provider withdraws Resources, Personnel, or both prior to release by the State, no further payment accrues. The Resource Provider bears all costs associated with returning the Resource(s) to the PoH.

A.6.4 - Mandatory Work/Rest and Length-of-Assignment Compliance
No payment accrues when the Resource is off-shift in compliance with mandatory Work/Rest or Length-of-Assignment provisions. As an alternative to rotating personnel or taking an unpaid mandatory day off, the Resource may be released from the Incident at the discretion of the State.

SECTION B – MEDICAL SERVICE RESOURCES

B.1 – MEDICAL UNIT LEADER (MEDL)

B.1.1 – Roles & Responsibilities

The Medical Unit Leader (MEDL) is responsible for ensuring occupational health of all incident personnel, including planning for and coordinating incident emergency response. The MEDL is responsible for:

a) Developing and maintaining the Incident Medical Plan (ICS-206);
b) Coordinating medical aid and transportation for injured or ill Incident personnel, in conjunction with the Base Camp Medical Unit (BCMU);
c) Supporting the IMT during Incident Within an Incident (IWI) or Critical Incident events;
d) Preparing and maintaining required medical reports, forms, and records; and
e) Ensuring medical resources meet readiness and compliance standards.

B.1.2 – Training & Qualifications

For each MEDL Resource, the Resource Provider (or the MEDL, if State AD hire) must maintain the following documentation and provide to PCSU at the time of application:

a) NWCG S-359 MEDL training certificate;
b) Completed NWCG PMS 311-34 MEDL Task Book; and
c) Current Oregon EMS licensure at a minimum of EMT level.

B.1.3 – Supervision

The MEDL operates under the direct supervision of the Incident Management Team (IMT) Incident Safety Officer (SOFR).

B.1.4 – Ordering Authority

a) The MEDL **does not have authority** to order Medical Unit EMS personnel or Resources unless they are the rostered MEDL assigned to the IMT **and** only after consultation with the SOFR.
b) Medical Unit EMS personnel/Resources will be ordered only by the IMT Authorized Government Representative (AGR), which may be the rostered MEDL or the SOFR.
c) The MEDL will consult with the SOFR regarding contractor non-compliance issues involving medical resources.

B.1.5 – Documentation Required Upon Arrival at an Incident

All EMS personnel, including the MEDL, must provide the following upon arrival at an Incident:

a) A valid and current EMS Provider licensure card;

b) A certificate of completion for the current calendar year RT-130 Annual Fireline Refresher, including fire shelter deployment; and
c) Proof of completion of the current calendar year Work Capacity Fitness Test (WCFT).

B.2 – BASE CAMP MEDICAL UNIT

B.2.1 – Roles & Responsibilities

The Base Camp Medical Unit (BCMU) is responsible and has a has a **moral, ethical, and legal obligation** to provide appropriate, essential, medical care to Incident personnel. Under the guidance of PMS 551 – Guidelines for Wildland Fire Medical Units, the Base Camp Medical Unit (BCMU) will provide patient care that includes, but is not limited to:

a) Assisting patients with first aid and self-care health management;
b) Triaging conditions to determine whether self-care, clinic care, or transport is appropriate; and
c) Initiating urgent or emergent EMS care using appropriate, predetermined transport modes.

B.2.2 – Staffing & Qualifications

Due to the remote and hazardous nature of wildland fire operations, BCMUs must be staffed with Qualified medical personnel experienced in remote-environment care.

Each BCMU will be staffed with:

a) No fewer than two (2) EMS personnel per shift.
    a. One (1) must be certified EMPF.

Physician Assistants (PA) and Nurse Practitioners (NP) with standing orders and protocols may be accepted as Qualified personnel.

B.2.3 – Supervision

The BCMU operates under the direct supervision of the Incident MEDL.

B.2.4 – Expectations

BCMU personnel are required to:

a) Comply with all terms and conditions of the IRA;
b) Possess all certifications and permits necessary to operate in any Oregon county;
c) Ensure MEDLs have a completed task book on file with their company or ODF (for AD hires);
d) Prepare the Medical Plan (ICS-206) in consultation with the IMT SOFR;
e) Be familiar with ODF burn injury plan protocols and IWI procedures;
f) Develop a **Mass Casualty Incident (MCI)** plan;
g) Develop a fireline medical evacuation plan, including helicopter extraction, in coordination with the AOBD;
h) Immediately consult with the local **Ambulance Service Area (ASA)** provider and local 911 dispatch upon arrival to establish transport protocols;
i) Provide and maintain clear signage to help personnel locate the BCMU and MEDL office;

j) Maintain the BCMU at a professional standard resembling a medical clinic whenever possible;
k) Maintain personal professional appearance (clean uniforms, grooming, no sunglasses during patient interaction, etc.);
l) Attend daily meetings and briefings as required, unless actively treating a patient;
m) Monitor camp personnel and encourage early treatment when needed;
n) Monitor fireline and camp radio channels while on duty;
o) Complete all ODF paperwork in a timely manner;
p) Treat all patients with the highest degree of professionalism and respect;
q) Respond to local community Incidents if requested by the IMT SOFR;
r) Operate cost-effectively while providing continuous, high-quality service;
s) Notify the IMT SOFR of their location when not physically present in the BCMU or MEDL office;
t) Treat all BCMU personnel fairly and equally, regardless of employer affiliation.

B.2.5 – Required Capabilities

The BCMU will be staffed and equipped to provide first aid and treatment for common wildland-fire ailments, including but not limited to:

a) Coughs, colds, respiratory issues;
b) Strains, sprains, fractures, and dislocations;
c) Insect bites and minor wounds;
d) Heat illness (heat exhaustion, heat stroke);
e) Dehydration, including IV fluid administration.

B.2.6 – Advanced Interventions & Scope of Practice

Uncommon medical interventions may be necessary due to remote locations, hazardous conditions, or delayed transport.

If an intervention is not included in the National EMS Scope of Practice Model, BCMU personnel may perform it only when all three of the following conditions are met:

a) The skill is within the EMS Provider's scope of practice in their state of origin;
b) The BCMU's Medical Director approves the use of the skill; and
c) The skill is legal for that level of EMS Provider in the state where the Incident occurs.

EMS Providers assigned to a BCMU will otherwise conform to their National EMS Scope of Practice level.

B.2.7 Self Sufficiency

A properly staffed BCMU must maintain a high level of self-sufficiency to minimize impact on local EMS agencies, clinics, and hospitals. BCMU personnel play a critical role in maintaining the health, safety, and operational availability of Incident personnel.

B.2.8 - Over-the-Counter Medications

The BCMU will make commonly available over-the-counter (OTC) medications and basic medical supplies available to Incident personnel in a manner consistent with community standards.

B.2.9 - Hours of Service

The BCMU must provide services **twenty-four (24) hours per day**; however, the Resource Provider is **not required** to staff the unit with night-duty personnel.

Instead, the BCMU is required to:

a) Provide a **24-hour contact phone number**, and, optionally
b) Direct Incident personnel to the BCMU trailer for after-hours assistance.

B.2.10 – Compensation

The Resource Provider is not required to staff the BCMU in accordance with double-shift staffing requirements and will therefore be compensated as a twenty-four (24)-hour service rate rather than a double-shift rate.

B.2.11 – Equipment & Supplies

The Resource Provider must provide the following at a minimum:

BASE CAMP MEDICAL UNIT (BCMU)	
☐	Suitable Field Shelter w/ Air Cooling and Heating Capabilities
☐	Patient Intake Area with Reasonable Privacy
☐	Bed/Cot with Adequate Privacy (Q=1 minimum)
☐	Handheld Programable Radio (Q=1 minimum)
☐	A Cardiac Monitoring/Pacing/Multi-Lead (Interpretative) Device
☐	Oxygen (O_2) Administration Equipment
☐	Intravenous Fluid Administration Equipment
☐	One (1) BLS Portable Kit and One (1) ALS Portable Kit (capable of being transported anywhere within the assigned camp)
☐	Two (2) **Incident Support Medical Kits** (NFES 1760 or equivalent), each capable of supporting at least 100 personnel. • These will contain at minimum all equipment required for Emergency Medical Responder (EMR)-level care.

Additional items:

The State may require additional items based on Incident size and complexity.

The State may also purchase consumable medical supplies not listed herein and require the BCMU to dispense those supplies and document distribution on an Incident Issue Form.

B.3 – EMERGENCY MEDICAL RESPONDERS (EMR)

B.3.1 – Roles & Responsibilities

An Emergency Medical Responder (EMR) is responsible for providing immediate medical assessment and care in remote, hazardous, and rapidly changing Incident environments.

B.3.2 – Training & Qualifications

B.3.2.1 - The Resource Provider must provide the EMR with the following certifications:

a) Basic Emergency Medical Technician (EMT)
b) Fireline Qualified Emergency Medical Technician (EMTF)*
c) Emergency Medical Technician Paramedic (EMP)
d) Fireline Qualified Emergency Medical Technician paramedic (EMPF)*

B.3.2.2 - For each EMR Resource, the Resource Provider will provide a copy of the following documentation to the PCSU at the time of application:

a) Current Oregon EMS licensure (National Licenses are not accepted),
b) Certificate of completion of Intro to ICS (ICS-100),
c) Certificate of completion of NIMS an Introduction (IS-700),
d) Certificate of current calendar year RT-130 training which includes fire shelter deployment,
e) Proof of current calendar year Work Capacity Fitness Test:
    - Arduous level for EMTF* and EMPF* positions
    - Light level for EMT and EMP positions

*Fireline Qualified personnel must meet training requirements for the Wildland Firefighter Type 2 Position.

B.3.2.3 – The EMR is required to also:

a) Maintain current certification and credentials as required by the State and NWCG standards;
b) Demonstrate proficiency in patient documentation and communication protocols;
c) Understand Incident command structure and medical reporting channels; and
d) Ensure confidentiality and proper handling of medical information in accordance with applicable regulations.

B.3.3 – Supervision

Each EMR operates under the direct supervision of the Incident MEDL.

B.3.4 – Expectations

The EMR is required to:

a) Follow all instructions and operational priorities issued by the MEDL;
b) Report patient care activities, findings, and concerns to the MEDL in a timely manner;
c) Participate in operational briefings, safety messaging, and medical reporting processes as directed; and
d) Immediately elevate any situation involving life-threatening conditions, mass-casualty potential, or resource limitations.

B.3.5 – Required Capabilities

The EMR must be capable of:

a) Delivering first aid, basic life support, and self-care guidance to Incident personnel;
b) Stabilizing patients until advanced care or transport resources are available;
c) Triaging injuries and illnesses to determine appropriate treatment and escalation needs;
d) Addressing medical conditions common to the wildland fire environment, including but not limited to:
    - heat-related illness, dehydration, and exhaustion;
    - smoke exposure and respiratory distress;
    - minor to moderate trauma;
    - environmental hazards such as insects, allergens, and terrain-related injuries;
e) Coordinating with the Incident Medical Unit, logistics personnel, EMS transport providers, and other emergency response resources; and

Performing duties in a manner consistent with accepted wildland fire medical practices, safety requirements, and applicable federal, state, and NWCG guidelines.

B.3.6 – Operational Conditions

The EMR must be trained and equipped to function in conditions that may include:

a) Remote locations with limited infrastructure;
b) Extended operational periods and austere field environments;
c) Exposure to smoke, heat, uneven terrain, reduced visibility, and fireline hazards; and
d) Delayed access to higher-level medical care or evacuation resources.

B.3.7 – Equipment & Supplies

The Resource Provider must provide the following at a minimum:

EMERGENCY MEDICAL RESONDERS (EMR)	
☐	All required Medical Equipment and Supplies as per the Medical Director's Protocols and Authorizations.
☐	Additional supplies and equipment as listed for each resource listed HERE.
☐	Portable or 'hikable' medical supplies and equipment for all Fireline Qualified Personnel capable of transport into remote and treacherous terrain.
☐	Handheld Programable Radio (Q=1 minimum)

☐	Personal Protective Equipment (PPE) - Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection for Fireline Qualified Personnel.

B.4 – ADVANCED LIFE SUPPORT (ALS) AND BASIC LIFE SUPPORT (BLS) AMBULANCES

B.4.1 – Roles & Responsibilities

Advanced Life Support (ALS) and Basic Life Support (BLS) Ambulances are required to provide emergency medical services (EMS) and safe transport for injured firefighters and other personnel assigned to an incident, by moving patients to a higher level of care, sometimes from rugged, treacherous terrain.

B.4.2 – Qualifications & Personnel

a) ADVANCED LIFE SUPPORT (ALS) Ambulances:
   - Minimum of 2 personnel (Paramedic and EMT or higher qualification)

b) BASIC LIFE SUPPORT (BLS) Ambulances:
   - Minimum of 2 personnel (2 EMTs or higher qualification)

B.4.3 – Supervision

Advanced Life Support (ALS) Ambulances and Basic Life Support (BLS) Ambulances operate under the direct supervision of the Incident MEDL.

B.4.4 – Equipment & Supplies

The Resource Provider must provide the following at a minimum:

ADVANCED LIFE SUPPORT (ALS) & BASIC LIFE SUPPORT (BLS) AMBULANCES	
☐	Ambulance vehicles with company identification, external, on both driver and passenger sides of vehicle.
☐	Reflective Triangles
☐	Wheel Chocks (Q=2)
☐	Handheld Programable Radio (Q=1 minimum)
☐	Mounted Spare Tire (Q=1)
☐	Fire Extinguisher, 2A 10BC with Current Inspection Tag
☐	Ambulance Service Licensed obtained through the Oregon Health Authority (see OAR 333-250-0210).
☐	Ambulance Licensed by the Oregon Health Authority (see OAR 333-255-0010).
☐	Additional Vehicle (for double-shifted ambulances), 4 wheel or all-wheel drive.
☐	Seat Belts (for all personnel)
☐	A Siren Mounted in Accordance with 13 CCR § 1029.
☐	Sufficient Interior Lighting
☐	All Other Inventory Requirements Listed Under OAR 333-255-0072.
☐	All Other Ambulance Service Requirements as Governed by the Oregon Health Authority.
☐	Personal Protective Equipment (PPE) - Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection for Fireline Qualified Personnel.

B.5 – RAPID EXTRACTION MODEL SUPPORT (REMS)

B.5.1 – Roles & Responsibilities

Rapid Extraction Model Support (REMS) provides a safe, effective, and efficient method for extracting firefighters from the fireline in the event of injury or illness incurred during firefighting operations. REMS augments ground and air transportation when road access, terrain, smoke, darkness, or other operational conditions limit the use of standard transport options.

REMS is not intended to replace standard ground or air medical transport, nor is it intended to provide transport from the Incident to a medical facility. REMS functions as a specialized extraction Resource proficient in low-angle and high-angle rope rescue and patient movement in austere environments. Qualified REMS personnel are not expected or required to participate in fire suppression activities.

B.5.2 – Qualifications & Personnel

B.5.2.1 - Personnel Composition

A REMS module is required to be comprised of personnel who are fireline Qualified. Refer to ***B.5.3 – REMS Typing Matrix*** for required composition.

B.5.2.2 – Qualifications

REMS personnel are required to:

a) Operate only within the level of training and qualification held, consistent with NFPA 1006 standards;
b) Arrive at the Incident with all rope rescue and extraction equipment necessary to perform operational duties;
c) Ensure all rescue ropes and associated equipment comply with NFPA 1983 standards;
d) Meet the requirements of NFPA 1006 Standard for Technical Rescue Personnel Professional Qualifications, including:
    - Two (2) personnel qualified and proficient at the Operations Level in rope rescue;
    - Two (2) personnel Qualified and proficient at the Technician Level in rope rescue; and
e) Provide documentation showing successful completion of a current-year Arduous level Work Capacity Fitness Test (WCFT) meeting NWCG standards.

B.5.3 – REMS Typing Matrix

B.5.3.1 – REMS Typing

TYPE 1	TYPE 2	TYPE 3
4 Personnel	4 Personnel	2 Personnel
1-2, 4x4 Vehicle(s)	1-2, 4x4 Vehicle(s)	1, 4x4 Vehicle
REMS Cache	REMS Cache	REMS Cache
Advanced Life Support (ALS) Cache	ALS or Basic Life Support (BLS) Cache	ALS or BLS Cache
1 Paramedic and 1 EMT (not to be used as EMPF/EMTF	2 EMTs (BLS not to be used as EMTF), ALS provider acceptable but not required	1 Paramedic or 1 EMT Reach and Treat only, no technical rescue technician patient extraction expectation
UTV required with trailer and patient transport capable	UTV recommended with trailer and patient transport capable	UTV recommended

B.5.3.2 – REMS Training & Qualifications

TYPE 1	TYPE 2	TYPE 3
Recommended: 4 Rope Rescue Technicians or Required: 2 Rope Rescue Technicians and 2 Rope Rescue Operations Equivalent (all team members must meet or exceed NFPA 1006)	Required: 2 Rope Rescue Technicians and 2 Rope Rescue Operations Equivalent (all team members must meet or exceed NFPA 1006)	Required: 1 Rope Rescue Technician and 1 Rope Rescue Operations Equivalent (all team members must meet or exceed NFPA 1006)
REMS Leader – Single Resource Boss Qualified (Required)	REMS Leader – Single Resource Boss Qualified (Required)	N/A
Vehicle Extrication or Equivalent (Required)	Vehicle Extrication or Equivalent (Recommended)	N/A
Firefighter 1 or 2 (FFT1 or FFT2) Wildland Qualified (all team members)	Firefighter 1 or 2 (FFT1 or FFT2) Wildland Qualified (all team members)	Firefighter 1 or 2 (FFT1 or FFT2) Wildland Qualified (all team members)
Physical Fitness Level – Arduous	Physical Fitness Level – Arduous	Physical Fitness Level - Arduous

B.5.4 – Expectations:

REMS personnel is required to be capable of:

a) Operating in arduous conditions including rough, steep, rocky, unstable, or remote terrain;
b) Utilizing litters to carry patients from locations inaccessible to vehicles;
c) Employing UTVs for transport where terrain allows; and
d) Conducting rope rescue operations to move patients from an accident site to a medical evacuation site.

B.5.5 – Dispatch and Staffing

If a REMS Unit, Type 1 or Type 2, is unable to meet the required staffing level at the time of dispatch, the Contractor must notify the Dispatch Center during the initial dispatch call. The Incident may, at its discretion, authorize the unit to mobilize with three (3) personnel.

In such cases, the Contractor is required to provide the remaining personnel and meet full staffing requirements within twenty-four (24) hours of arrival at the Incident. Failure to meet this requirement may result in corrective action, up to and including release from the Incident or suspension from future assignments.

B.5.6 – Compensation

If a REMS unit arrives at an Incident without the required number of personnel, and the Incident has elected, upon dispatch, to accept three (3) personnel, the State will not compensate travel time to the Incident for any additional personnel required to meet full staffing. The State will compensate return travel time for all personnel to return to the PoH.

A REMS unit arriving at an Incident with only three (3) personnel will only be compensated at eighty percent (80%) of the Daily Rate until the unit has achieved full personnel staffing as required under this Agreement.

B.5.7 – Equipment & Supplies

The Resource Provider must provide the following at a minimum:

RAPID EXTRACTION MODEL SUPPORT (REMS) UNITS	
☐	4x4 Utility Terrain Vehicle - UTV Side-by-Side, capable of transporting patient(s) over rough terrain to extraction drop point or helipad with an adequate roll-over protection system (ROPS) on the cab (Q=1 each)
☐	UTV Transport Trailer (for Type 1, Type 2)
☐	Programable Handheld Radio (Q=1 for each team)
☐	Fire Extinguisher, 2A 10BC with Current Inspection Tag
☐	Spare Tire (Q=1 for each UTV and trailer)
☐	Spare Drive Belt (Q=1 for each UTV)
☐	Fuses (for each UTV)
☐	Tool Kit (for each UTV)
☐	Rachet Straps
☐	All Items Listed on NWCG PMS 552 Standards for REMS.
☐	A Siren Mounted in Accordance with 13 CCR § 1029.
☐	Personal Protective Equipment (PPE) - Nomex shirt/pants, fire shelter (New Generation – no older than 2006), hardhat, leather gloves, boots (meet NFPA 1977 standards), headlamp, eye protection, ear protection for Fireline Qualified Personnel.