

STATE OF OREGON 2022-2025
Incident Resource Agreement - EMERGENCY MEDICAL SERVICES
Part B
Additional Terms and Conditions
Resource Information & Rate Sheet

General Description of Duties for All Medical Services Resources

During the Term of the Agreement, the Resource Provider shall comply with [the Oregon Health Authority EMS Provider Licensure](#) requirements, [NWCG Minimum Standards for Medical Units](#), the [National EMS Scope of Practice Model](#), and other guidance as Government may provide in the future by written notice as new guidance becomes available.

The Resource Provider shall provide the State with proof of current Professional Liability Insurance coverage at the time of application with a combined single limit per occurrence of no less than \$1,000,000 and each annual aggregate limit of no less than \$2,000,000. Professional Liability Insurance coverage is required in addition to the standard insurance requirements as listed in IRA Part A, Page 13.

The Resource Provider shall provide EMS personnel who are Oregon state certified and working under the medical direction of a state recognized Medical Director who is providing medical oversight (medication procurement, QI/QA and retrospective operational review) while the EMS personnel are operating on a fire assignment under this Agreement. The Resource Provider shall provide the State with a signed letter from the Resource Provider's Medical Director confirming this obligation is met. EMS personnel are expected to operate within the scope of practice of their normal protocols and medical direction.

The **Resource Provider's Medical Director** shall provide protocols specifically allowing their staff:

- a) to practice at any Oregon location, and
- b) to make clinical observations, and
- c) to dispense over-the-counter medications

Compensation

Rates provided by **Resource Provider** on the ***Resource Information and Rate Sheets (Attachments Section 3)*** are understood to be '**Wet' Rates**, and shall include any equipment, **Qualified Resources**, drivers, fuel, and any required maintenance.

- **Daily Rates** shall apply when equipment (with **Qualified Operator**) is ordered by the **State** and **On-Shift**, including the relocation of equipment under its own power. **On-Shift** includes time the equipment (with **Qualified Operator**) worked, time that equipment (with **Qualified Operator**) is held or directed to be in a state of readiness, time that the **Qualified Operator(s)** spend at **Operational Period** briefings, mobilization (Check-in time), and compensable travel that has a specific start and end time.
- **Daily Rate** payment shall be made based on a minimum of eight (8) hours of On-Shift work time per day, between 0001 and 2400 hrs. **On-Shift** work time under eight (8) hours shall be paid at half (1/2) the agreed upon **Daily Rate**.
- **Extended-Shift** time shall be paid 165% of the agreed upon daily rate if worked eighteen (18) hours or more, in a single day, between 0001 and 2400 hrs.
- **Double-Shift Rate** is staffed with two crews (two 12-hour shifts with separate staff for day shift and night shift) and must be documented on **Resource Order**. The **Double-Shift Rate** is paid 165% of the agreed upon **Daily Rate**.

MEDICAL UNIT LEADER (MEDL)

The MEDL position is under the supervision of the IMT Incident Safety Officer (SOFR). The MEDL will be primarily responsible for developing the Medical Plan, obtaining medical aid and transportation for injured or ill Incident personnel, and preparing reports and records. The MEDL does not have the authority to order Medical Unit EMS personnel/Resources. Medical Unit EMS personnel/Resources are ordered by the IMT Authorized Government Representative (AGR). The MEDL will consult with the IMT SOFR regarding contractor non-compliance issues.

For each MEDL Resource, the Resource Provider will provide a copy of the following documentation to the PCSU at the time of application:

- NWCG S-359 MEDL training certificate
- completed NWCG PMS 311-34 MEDL Task Book
- current Oregon EMS licensure, minimum EMT level

Upon arrival at an Incident, all EMS personnel will provide to the MEDL: 1) a current EMS Provider licensure card, 2) certificate of current calendar year RT-130 training with fire shelter deployment, and 3) proof of current calendar year WCFT.

MEDICAL UNIT

Requirements

Under the guidance of the PMS 551, Guidelines for Wildland Fire Medical Units, Medical Unit(s) provide patient care that includes, but is not limited to:

- Assisting a patient with first aid and self-care health management,
- Triaging conditions for recognition of appropriate self-care assistance vs. need for transport to clinical medical care; and
- Initiating urgent/EMS care using appropriate and predetermined transport modes.

Each Medical Unit will be under the direct supervision of the Incident MEDL. The Medical Unit shall have no less than one certified EMPF per shift and no less than two EMS personnel per shift.

The Medical Unit will have a moral, ethical, and legal obligation to provide appropriate medical care for Incident personnel. Due to the remote and hazardous nature of wildland fire Incidents, Medical Units shall be staffed by Qualified medical personnel trained to function in this unique environment. A properly staffed wildland fire Medical Unit will include being as self-sufficient as possible with a reduced negative impact to local emergency medical services, clinics, and hospitals. Medical Unit personnel will help to keep Incident personnel operational and available for the duration of their mobilization. The Medical Unit will make commonly available over the counter (OTC) medications and supplies available to Incident personnel in a manner that correlates to what would be available in a community.

Uncommon interventions provided by Medical Unit personnel may be necessary due to wildland fire specific hazards, the remote nature or delayed transport times for injured or ill personnel.

If not contained within the National EMS Scope of Practice Model, additional interventions may only be performed if three specific conditions are met. These conditions shall be verified and documented before Medical Unit personnel provide the additional skills. The Scope of Practice for EMS personnel assigned to a Medical Unit will conform to the skills and devices in the current National EMS Scope of Practice Model for the level at which they were assigned and are functioning, unless these three conditions are met: 1. The skill(s) shall be within the scope of practice of the EMS Provider in their state of origin, and 2. The Medical Director of the Medical Unit shall approve the use of the skill(s), and 3. Use of the skill(s) by that level of EMS Provider in the state in which the Medical Unit is based shall be legal.

In general, the Medical Unit will be staffed and have adequate medical supplies on hand to render first aid and minor medical treatment of ailments common to wildland firefighters including but not limited to coughs, colds, strains, sprains, insect bites, skin lacerations, broken & dislocated bones, heat stroke, heat exhaustion, and dehydration including the ability to start and administer intravenous fluids.

Expectations

- Comply with the terms and conditions of the Incident Resource Agreement (IRA).
- Have all of the necessary certifications and permits to operate in any county in Oregon.
- MEDLs should have a completed task book on file with their company.
- MEDLs should prepare the Medical Plan (ICS form 206) in consultation with the IMT SOFR.
- Be familiar with ODF's burn injury plan protocols in context with the Resource Provider's Medical Director standard operating practices.
- All Medical Unit personnel need to be familiar with ODF's Incident within an Incident (IWI) plan.
- Develop a plan to deal with mass casualties.
- Develop a plan to deal with fireline medical evacuations including but not limited to helicopter extractions in

consultation with the Incident Air Operations Branch Director (AOBD).

- Immediately upon arrival at an Incident, contact the local ambulance service area provider to work out patient transport protocols.
- Provide and maintain adequate signing for Incident personnel to find the Medical Unit.
- Maintain the Medical Unit to the highest standards possible in the field so that it is clean and professional in appearance resembling a medical clinic as much as possible.
- Medical unit personnel will maintain personal professional standards by showering as needed or daily at a minimum, wearing clean uniforms, maintaining personal grooming habits including but not limited to shaving, and removing sunglasses when talking to customers.
- The MEDL and or their designee may be required to attend daily briefings and will arrive on time unless treating a patient.
- Observe camp personnel and make informal contact with camp personnel who appear to need Medical Unit services to encourage them to seek out the appropriate medical attention.
- Monitor fireline and camp radios while on duty.
- Complete ODF paperwork in a timely manner.
- Treat all patients and customers with the highest level of respect.
- Respond to Incidents in the local community if asked to do so by the IMT SOFR.
- Operate in a manner that is the most cost effective and provides the highest and most continuous level of service to the Incident that is possible.
- Notify the IMT SOFR of your location when not on duty or on duty but not in the Medical Unit.
- Medical Unit personnel will treat all Medical Unit personnel fairly and equally regardless of an individual's parent company.

BASE CAMP MEDICAL UNIT (BCMU)

Equipment/Supplies

The **Resources Provider** must provide equipment that includes but not be limited to a suitable field shelter with air cooling capabilities with a general patient in take area and at least one bed providing for patient privacy; heart monitoring equipment, oxygen administration equipment, intravenous fluid administration capabilities and a heart defibrillator.

The Resource Provider must provide two (2) Incident Support Medical Kits ([NFES 1760](#)) that are able to provide for treatment of a minimum of 200 personnel. Items to be supplied may be of equal or equivalent items/brands. The State may require Resource Provider to provide additional items, depending on the size and scope of the Incident and **Resources**. The **State** may choose to purchase additional consumable supplies that are not listed herein and require the Medical Unit to dispense these supplies as necessary and document the recipients of the supplies on an Incident Issue Form.

EMERGENCY MEDICAL RESPONDERS (EMR)

Typing and Certification. The Resource Provider must provide the EMR with the following certifications:

1. Basic Emergency Medical Technician (EMT)
2. Fireline Qualified Emergency Medical Technician (EMTF)*
3. Emergency Medical Technician Paramedic (EMP)
4. Fireline Qualified Emergency Medical Technician Paramedic (EMPF)*

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

- current Oregon EMS licensure,
- certificate of completion of Intro to ICS (ICS-100),
- certificate of completion of NIMS an Introduction (IS-700),
- certificate of current calendar year RT-130 training which includes fire shelter deployment,
- proof of current calendar year Work Capacity Fitness Test:
 - o Arduous level for EMTF* and EMPF* positions
 - o Light level for EMT and EMP positions

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

Equipment/Supplies

The **Resource Provider** must provide appropriate medical equipment and supplies as per the Medical Director's protocols and authorizations to assess, diagnose, triage, treat and transport patients.

Rapid Extraction Model Support (REMS) Requirements

The Rapid Extraction Module Support will provide firefighters a safe effective and efficient method of egress off the fireline in the event of injury or illness incurred during firefighting operations. The REMS will augment ground and air transportation when road access, terrain, or conditions such as smoke or darkness limit the use of other transport options.

The intent of REMS is not to transport from the Incident site to medical facilities or replace ground or air transport. They are an extraction **Resource** proficient in low angle and high angle rope rescue.

The module is comprised of individuals who are fireline **Qualified** with one team member being Firefighter Type 1 (Squad Boss) or higher, all other team members will be Firefighter 2 or above. They will also have a Paramedic (EMPF) and 3 Emergency Medical Technicians (EMTF or AEMF). The module is capable of Low Angle and High Angle rescue. **Qualified** REMS personnel are not expected to participate in fire suppression actions.

Rapid Extraction Model Support (REMS) Expectations

- Operate in arduous conditions including rough, rocky, steep, and unstable terrain.
- Utilize litters to carry patients out of areas that may or may not be accessible due to the types of terrain.
- UTVs may be utilized to extract patients from the extraction area where terrain allows.
- Rope rescues may be required to extract patients from the accident site to the medical evacuation site.

Personnel

- Personnel will operate under the training they are **Qualified** for whether it is at the Technical Level or Operations Level in rope rescue ([NFPA 1006](#)).
- Personnel will arrive at Incident providing all of the required extraction equipment and ropes, and all equipment and ropes utilized for rope rescue shall comply with [NFPA 1983](#).
- Personnel will meet the requirements found in [NFPA 1006](#) Standard for Technical Rescue Personnel Professional Qualifications. Two personnel shall be **Qualified** and proficient at the Operations Level of rope rescue, while two other personnel shall be **Qualified** and proficient at the Technician Level of rope rescue.
- All REMS personnel shall provide current year documentation of successful completion of an arduous level [Work Capacity Fitness Test \(WCFT\)](#) that meets NWCG standards.

Standard REMS units are required to maintain a minimum of four personnel. State may require that the unit's size be increased as the Incident needs and complexity elevate. A Standard REMS unit will consist of the following personnel configuration:

- 1 ea- Paramedic Fireline Qualified (EMPF)
- 3 ea - Emergency Medical Technicians Fireline Qualified (EMTF)

Qualifications required for Standard REMS personnel configuration:

- o 1 ea - NWCG Firefighter, Type 1 (Single Resource Boss)
- o 3 ea - NWCG Firefighters, Type 2 or higher level
- o 2 ea - Technician Level in Rope Rescue (NFPA 1006)
- o 2 ea - Operations Level in Rope Rescue (NFPA 1006)

Light REMS units are required to maintain a minimum of two personnel. A Light REMS unit will consist of the following personnel configuration:

- 1 ea- Paramedic Fireline Qualified (EMPF)
- 1 ea - Emergency Medical Technicians Fireline Qualified (EMTF)

Qualifications required for Light REMS personnel configuration:

- o 1 ea - NWCG Firefighter, Type 1 (Single Resource Boss)
- o 1 ea - NWCG Firefighter, Type 2 or higher
- o 2 ea- Technician Level in Rope Rescue (NFPA 1006) OR 2 ea – Operations Level in Rope Rescue (NFPA 1006)

Equipment

- 1 each 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.
- Items listed on [NIMS ICS-223 Standard Equipment List](#) for REMS

Resource Providers providing Standard REMS units must also have the ability to provide Light REMS units for each Standard REMS unit provided. Standard REMS units and Light REMS units must each have a separate rate listed on the Resource Information & Rate Sheet.

Resource Information & Rate Sheet

EMERGENCY MEDICAL SERVICES

Resource Provider / Company Name		Company Owner(s)	
Mailing / Payment Address	City	State	Zip Code
Email Address	Primary Contact		Position
Primary Phone Number	Secondary Phone	Other	

Is the mailing address and the Point of Hire the same? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, then complete:			
Physical Address	City	State	Zip Code

Are you willing to be dispatched out of your local geographic area? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
**Please indicate the distance (in miles) you are willing to travel or list 'ANY':	

<input type="checkbox"/> Option 1: EMT with non-ambulance transportation (4WD) <input type="checkbox"/> Option 2: EMTF with non-ambulance transportation (4WD) <input type="checkbox"/> Option 3: EMP with non-ambulance transportation (4WD) <input type="checkbox"/> Option 4: EMPF with non-ambulance transportation (4WD) <input type="checkbox"/> Option 5: BLS Ambulance w/2 EMTF – 2WD option <input type="checkbox"/> Option 6: BLS Ambulance w/2 EMTF – 4WD option <input type="checkbox"/> Option 7: ALS Ambulance w/ EMPF & EMTF – 2WD option <input type="checkbox"/> Option 8: ALS Ambulance w/ EMPF & EMTF – 4WD option <input type="checkbox"/> Option 9: MEDL <input type="checkbox"/> Option 10: REMS Standard <input type="checkbox"/> Option 11: REMS Light <input type="checkbox"/> Option 12: Camp Medical Team with the following components: <ul style="list-style-type: none"> 2 ea - EMR staff (1 must be EMPF qualified) for each 12-hour shift 1 ea - BCMU w/ 14-day medical supply inventory (2 ea - NFES 1706) 1 ea - 4WD non-ambulance transportation 	<table style="width: 100%;"> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> <tr><td>Qty: ____</td><td>Daily Rate: ____</td></tr> </table>	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	Qty: ____	Daily Rate: ____	DOUBLE SHIFT OPTION: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Comments:

EMR Type	Name	OHA License #	Medical Director Name

Ambulance Type (check one for each line item)				OR License #	Medical Director Name
ALS 4wd <input type="checkbox"/>	ALS 2wd <input type="checkbox"/>	BLS 4wd <input type="checkbox"/>	BLS 2wd <input type="checkbox"/>		
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AUTHORIZATION: The undersigned acknowledges, attests, and certifies individually and on behalf of the Resource Provider that the information contained herein is true, accurate and complete, and the required supplemental documentation is attached. Any falsification, omission, or concealment may be subject to liability. The Resource Provider is bound by and shall comply with all provisions, terms, conditions, and requirements of this Agreement, including all Addendums, Attachments and Exhibits, and is authorized to perform Services in the state of Oregon. The Resource Provider acknowledges that company and Resource performance history, industry durability and rates offered may affect dispatch priority order of resources.

Authorized Company Signature

State Representative Signature

Printed Name AND Title

State Printed Name AND Title

Date

Date