Rapid Lesson Sharing

Event Type: Steep-Angle Medical Extraction

Date: August 15, 2026

Location: Timber Fire, California

The Story and Lessons from this Steep-Angle Medical Extraction

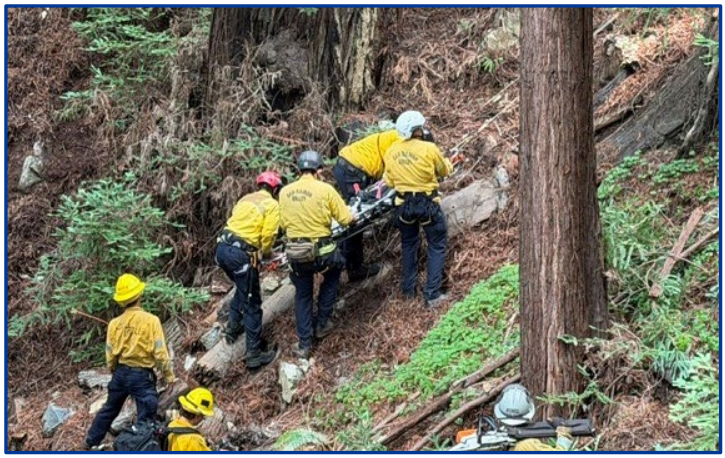
On August 15, 2026, Rapid Extraction Module Support (REMS) Unit 21 was staged at Drop Point 15 on Division Bravo of the Timber Fire in California. At approximately 1205 hours, they had started a training iteration when radio traffic indicated a medical emergency had occurred on the adjacent Division Delta. The REMS resource assigned to Division Delta was not answering radio traffic and was reportedly in a comms dead spot.

The Rescue Operation

A Fuels Crew had been working along the driveway of a private residence when a crewmember fell backward approximately 150 feet down a very steep canyon face. The patient came to rest directly above a river. Witnesses reported a loss of consciousness. The patient subsequently complained of severe lower-back pain.

Before REMS 21 arrived, a Line Medic accessed the patient and initiated medical care.

The drive from Drop Point 15 to this Division Delta medical incident took REMS 21 approximately ten minutes. Upon arrival, REMS 21 positioned their UTV in the driveway directly above the patient and incorporated it into the topside anchor system for a rope rescue operation. A REMS Rescuer was lowered approximately 140 feet to the patient and Line Medic utilizing a "meat anchor single rope[1]" operation.



The Fuels Crew member—after falling backward 150 feet down a steep canyon face—is extracted via a rope rescue in a Stokes basket.

Because the Line Medic did not have controlled analgesic medications immediately available, the REMS 21 medic provided pain management using the Type 1 team's medication cache.

The initial packaging plan called for the team's SKED rescue stretcher. Based on the patient's severe lower-back pain and the need for greater structural support,

[1] In this type of advanced rope descent, a human uses their weight and utilizes appropriate rope friction to serve as an anchor for a rescuer.

rescuers changed to a metal Stokes basket. The patient was packaged in the basket with four rescuers attached as litter attendants.

Topside REMS 21 team members constructed a simple "3:1 mechanical-advantage system[2]" using the UTV as an anchor of the setup. Available Fuels Crew personnel were incorporated as haulers.

The rescue group raised the patient to the driveway, where they were transferred directly to the gurney of a waiting ambulance. The ambulance then transported the patient to a helicopter landing zone for an air ambulance transport to a trauma center.

The patient was treated and released that night and was able to return to work.

Rescuers carry the patient in the Stokes basket to the top of the steep incline via the rope system.

Timeline

REMS 21 cross-Division vehicle response: Approximately 10 minutes

REMS 21 arrival; access; patient treatment, packaging and rope extraction: Approximately 28 minutes

Total time from departure from DP 15 to patient transfer to ambulance: 38 minutes

Lessons

1. Anticipatory Movement

REMS 21 recognized the problem through radio monitoring and began transitioning from training to response before receiving the formal assignment.

This likely shortened the response interval without bypassing command: the team prepared and initiated movement based on operational awareness, then received confirmation from Operations.

2. Geographic Redundancy

Although REMS 21 was assigned to Division Bravo, its proximity to Division Delta created functional redundancy when Delta's assigned rescue resource was unavailable.

This supports a significant planning principle:

REMS coverage should not be evaluated solely by whether each Division has a named resource. Medical planning should also evaluate cross-Division access, travel times, communications, and the ability of adjacent teams to cover temporary gaps.

3. Operational Equipment Readiness

The REMS 21 team abandoned their nonessential training equipment but moved with its operational rescue and medical capability. Their UTV provided transportation and an immediately available anchor platform for the rope rescue. This technique had been trained on multiple times over several deployments and the team was very familiar with its use.

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[2] In a 3:1 mechanical-advantage system, ropes, pulleys and other climbing equipment is rigged to give someone pulling (hauling) a rope three times the lifting power they apply.

4. Integrated Rescue Medicine

The Line Medic provided early patient access and initial care. The REMS 21 Medic then supplemented that care with redundant medical systems, including analgesia. This treatment application was not delayed until the patient reached the road or ambulance. The REMS 21 team wasn't just a rescue resource, it served as a total patient advocate.

5. Adaptive Packaging

The REMS 21 team changed from a SKED to a rigid Stokes basket based on the patient's symptoms and suspected spinal or musculoskeletal injury. That was a patient-centered adjustment rather than rigid adherence to the first equipment plan. "PACE" methodology is incorporated into the foundation of all aspects of REMS.

The Stokes basket in which the patient was packaged.

6. Deliberately Simple Rigging

The REMS 21 team used a direct anchor arrangement and simple 3:1 haul system. It did not lose time constructing unnecessary mechanical complexity. Additionally, the team specifically trains on Single Rope Technique problem sets which expedited this rescue.

7. Incorporating Personnel to Assist

Fuels Crew personnel were rapidly incorporated as haulers while the trained rescue personnel handled patient access, packaging, litter management, and technical-system control.

This allowed specialized personnel to remain in positions that require technical or medical competence while Fuels Crew members supported the haul. An additional REMS team also arrived on scene and was able to seamlessly integrate into the rescue plan and supplement technical rescue positions.

REMS 21 rescue medic being lowered to the patient.

8. Seamless Transfer

The waiting ambulance and subsequent air transport plan eliminated a gap between rescue completion and medical transportation.

This RLS was submitted by:

Module/Crew Overhead

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