Pleasant Valley Fire District

Standard Operating Guidelines

SOG #30 – FIREFIGHTER REHABILITATION (REHAB)

PURPOSE: Rehabilitation of personnel at emergency scenes and training exercises. It will ensure that members who might be suffering the effects of metabolic heat buildup, dehydration, physical exertion, and/or extreme weather receive evaluation and rehabilitation during emergency operations or at training sessions.

GUIDELINES:

1. Rehabilitation should commence when fire/emergency operations and/or training exercises pose the risk of members exceeding a safe level of physical or mental endurance.

2. Rehabilitation should be established for large-scale incidents, long duration, extreme temperatures and / or physically demanding incidents.

3. The Incident Commander (IC) may establish rehabilitation setup according to the circumstances of the incident. The rehabilitation process may include the following;
    - Rest and recovery
    - Rehydration (fluid replacement)
    - Active and/or passive cooling or warming as needed for the incident type and climatic conditions
    - Medical monitoring
    - EMS treatment in accordance with local protocols
    - Relief from extreme climatic conditions (heat, cold, wind, rain)
    - Calorie and electrolyte replacement
    - Accountability
    - Release

4. **ROLES AND RESPONSIBILITIES**:

Incident Commander (or their designee) is responsible for considering the following:

1. Include rehabilitation in incident/event size-up.

2. Establishing a rehabilitation group to reduce adverse physical effects on firefighters while operating during fire/emergencies, training exercises, and extreme weather conditions.

3. Designating and assigning a supervisor/officer to manage rehabilitation. The IC should assume the responsibility if not delegated.

4. Ensure enough resources are assigned to rehabilitation if created.

5. Ensure EMS personnel are available for emergency medical care of firefighters as required. BLS should be the minimum level of care; ALS may be needed and is preferred when it is available.

Rehabilitation Officer should be responsible for the following:

1. Don the rehabilitation officer vest.

2. Whenever possible, select a location for rehabilitation with the following site characteristics:
    - Large enough to accommodate the number of personnel expected (including EMS personnel for medical monitoring), with a separate area for members to remove personal protective equipment
    - Accessible for an ambulance and EMS personnel should emergency medical care be required
    - Removed from hazardous atmospheres including apparatus exhaust fumes, smoke, and toxins often encountered on the incident scene
    - Away from patient treatment/triage areas
    - Shade in summer and protection from inclement weather at other times
    - Access to a water supply (bottled or running) to provide for hydration and active cooling
    - Away from spectators and media

3. Ensure personnel in rehabilitation "dress down" (when appropriate) by removing their bunker coats, helmets, hoods, and opening their bunker pants to promote cooling (prior to entering the rehab area).

4. Make available the suggested resources for rehabilitation including the following:
    - Shelter from the elements (cold, heat, wind, rain, etc.) if needed
    - Potable drinking water for hydration
    - Sports drinks (appropriate electrolyte and caloric replacements) for long-duration incidents (working more than one hour)
    - Active cooling where required
    - Medical monitoring equipment (chairs to rest on, blood pressure cuffs, stethoscopes, check sheets, etc.)
    - Food where required and a means to wash or clean hands and face prior to eating
    - Blankets and warm, dry clothing for winter months
    - Bathroom facilities where required

5. Monitor the time personnel are in rehabilitation to ensure they receive at least 10 minutes to 20 minutes of rest.

6. Ensure personnel rehydrate themselves.

7. Ensure personnel are provided with a means to be actively cooled where required.

8. Always maintain accountability and remain within rehabilitation (Individual Rehab Report).

9. Document members entering or leaving rehabilitation.

10. Inform the incident commander, accountability officer (resource status unit), and EMS personnel if a member requires transportation to and treatment at a medical facility.

11. Serve as a liaison with EMS personnel.

Company officers should be responsible for the following:

1. Be familiar with the signs and symptoms of heat stress and cold stress.

2. Monitor the company members for signs of heat stress and cold stress.

3. Notify the IC when stressed members require relief, rotation, or reassignment according to conditions.

4. Provide access to rehabilitation for company members as needed.

5. Ensure that the company is properly checked in with the rehabilitation manager and accountability officer (resource unit), and that the company remains intact.

Crew members should be responsible for the following:

1. Be familiar with the signs and symptoms of heat and cold stress.

2. Maintain awareness of themselves and company members for signs and symptoms of heat stress and cold stress.

3. Promptly inform the company officer when members require rehabilitation and/or relief from assigned duties.

4. Maintain unit integrity.

EMS personnel should be responsible for the following:

1. Report to the IC and obtain the rehabilitation requirements.

2. Coordinate with the rehabilitation manager.

3. Identify the EMS personnel requirements.

4. Check vital signs, monitor for heat/cold stress and signs of medical issues.

5. Document medical monitoring (Individual Rehab Report)

6. Provide emergency medical care and transportation to medical facilities as required.

7. Inform the IC and the rehabilitation manager when personnel require transportation to and treatment at a medical facility.

8. Document emergency medical care provided.

5. PROCEDURES:

1. All personnel should maintain hydration on an ongoing basis (pre-incident, incident, post-incident).

2. Members may be sent to rehabilitation as required.

3. All members should be sent to rehabilitation following the use of
   - two 30-minute or 45-minute SCBA cylinders
   - one 60-minute SCBA cylinder
   - 45-60 minutes of intense work without SCBA
   - Shorter times might be considered during extreme weather conditions.

4. Active cooling (e.g., wet towels, forearm immersion, misting fans) should be applied where temperatures, conditions, and/or workload create the potential for heat stress.

5. In hot, humid conditions, a minimum of 10 minutes (20 minutes is preferable) of active cooling should be applied following the use of the second and each subsequent SCBA cylinder.

6. Personnel in rehabilitation should rest for at least 10 minutes to 20 minutes prior to being reassigned or released.

7. The following vital signs should be obtained;
    - Heart rate
    - Respiratory rate
    - Blood pressure
    - Pulse-Ox
    - Temperature (if capable)

8. Members exposed to fire smoke should be assessed for CO poisoning.

9. EMS personnel should provide medical monitoring and emergency medical care as per medical protocol.

10. If a member is demonstrating abnormal vital signs, he or she should be monitored frequently during rehabilitation.

11. Personnel who are weak or fatigued with pale clammy skin, low blood pressure, nausea, headache, or dizziness should be assessed by EMS personnel.

12. Personnel may be transported to a medical facility for treatment if they are experiencing
    - chest pain
    - shortness of breath
    - dizziness
    - nausea
    - Altered mental status
    - If after 30 minutes vital signs are above limits

13. Personnel transported to a medical facility for treatment should be accompanied and attended to by a department representative. ***(Notify Incident Commander immediately)***

14. Members should drink water during rehabilitation (12 – 32 oz / 20-minute break). After the first hour, a sports drink containing electrolytes may be provided. ***(Soda and caffeinated and carbonated beverages should be avoided)***

15. Nutritional snacks or meals should be provided as required during longer duration incidents.

16. No tobacco use should be permitted in or near the rehabilitation area.

17. The member should not return to operations if
    - He or she does not feel adequately rested
    - If EMS or supervisory staff present see evidence of medical, psychological, or emotional distress
    - If the member appears otherwise unable to safely perform his or her duties

18. Release from Rehab will be determined by one of the following
    - Cleared for duty
    - Sent to a medical facility for more definitive medical evaluation/treatment

19. Where transport or care is provided, a Patient Care Report (PCR) should be generated and a copy placed in the member's employee health record. ***(Notify the Incident Commander Immediately)***

20. For any ongoing event with high potential for injury to public safety personnel consider requesting a physician to the scene.