



## **Purpose:**

To provide medical observation and rehabilitation to personnel on EMS scenes, fire ground and training operations. Personnel may be evaluated at the rehabilitation division.

## **Scope:**

This guideline is to be followed by all members. The Incident Commander has full control of the scene; he/she is solely responsible for any deviation from this guideline. Any deviation should be discussed with the Incident Safety Officer.

## **General:**

To ensure that the physical and mental condition of the members operating at the scene of an emergency or a training exercise does not deteriorate to a point that affects the safety of each member or that jeopardizes the safety and integrity of the operation the following guidelines need to be followed.

## **Rehab Division Operations**

- Fire and EMS personnel involved in fire ground operations at the scene of an incident should be evaluated at a Rehab Division. In most cases, after using two air cylinders or at 45 minute to one-hour intervals, crews will be rotated through the Rehab Division for rest and evaluation. Follow attached flow chart.
- The Incident Commander will determine when to establish a Rehab Medical Division, and when crews are to report to rehab. Relief or back-up crews will be assigned to replace crews that are going to Rehab.
- Crews reporting to Rehab should passport in with the Rehab Officer or other medical personnel. Rehab will be stationed away from the incident where crews can remove their protective clothing and have their vital signs checked. Vital signs are to be checked by EMS personnel and recorded usually at ten-minute intervals, unless the vitals are critical. Vitals are to be checked a minimum of twice while at Rehab. If a food area is set up, crews should be checked before and after going to this area.
- Medical Protocols and Standing Orders having jurisdiction over department personnel shall be followed for personnel exhibiting signs of illness or injury. Any person complaining of chest pains, shortness of breath, or found to have abnormal vital signs, will be removed from active duty for further evaluation. In these cases, the person will be treated and transported to the appropriate hospital.
- After a fifteen to twenty minute rest and personnel evaluations are within normal range, Crew may report to staging for another assignment.
- The use of the Personnel Accountability System (PAS) shall include units or teams assigned to the Rehab Division. Crews arriving at rehab shall passport in and take their passport with them to staging when released. Should a member be transported, the Rehab Officer shall keep the personal passport and turn it into command at the end of the incident.



## Points of Importance

- The Incident Commander should take extreme weather considerations into consideration and plan early for relief crews and for crew rotation into Rehab.
- Firefighting crews should be cycled through Rehab on a regular basis.
- Crews should be assigned intact and stay together.
- Crews at Rehab should receive medical evaluation; blood pressure, pulse, and respiratory rate, fluid, food and rest.
- All operating divisions should maintain an ongoing awareness of the condition of their personnel and use the Rehab Division to combat excessive fatigue and exhaustion.
- Personnel not involved in actual firefighting still need to be evaluated on a regular basis.
- All personnel on the scene will get evaluated at least once.

## Medical / Rehab Division - Responsibilities

- The Incident Commander shall be responsible for considering the circumstances of each incident and for making available adequate provisions for the rest and rehabilitation for all emergency workers.
- Company Officers shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate measures are taken to provide for their safety and health. The company officer shall use the ICS to request relief and reassignment of fatigued crew members.
- During periods of extremely hot weather and before any extended training exercises, personnel are encouraged to pre-hydrate. In addition, all personnel while operating at scenes should take all opportunities to re-hydrate themselves as often as possible.
- Personnel assigned to operate the Rehab Division will be responsible for several activities within the division and will maintain a high profile and remain within 10 feet of the division at all times.
- Primarily, the flow of personnel into and out of the division will need to be coordinated and recorded. The initial set-up should be located at or around an ALS Rescue unit, or somewhere out of the weather.
- EMS personnel assigned to this division will be responsible for obtaining vital signs of firefighters as they are assigned to rotate through Rehab.
- When weather permits, a salvage cover will be spread out, and all the following items will be placed on it: water cooler, cups, BLS and ALS equipment. On rainy days these items may be set up in the rear of the Rescue unit or in a covered area.



## Cont. Medical / Rehab Division - Responsibilities

- A running tally of crews in Rehab and those who are available for reassignment must be kept available at all times.
- In ideal situations, crews should have 15 or 20 minutes to spend in Rehab. Fluid replacement should be available for crews when they are in Rehab.
- When involved in firefighting operations, crews should be given only water during the first hour.
- During cold weather operations, warm drinks like coffee should be offered and only taken in moderation.
- Smoking is not allowed in or near the Rehab area.

## Vital Sign Guidelines

- When firefighting crews arrive at Rehab a complete set of vitals is to be taken,
- The following criterion is to be used in the evaluation of fire ground personnel during a Fire or EMS incident. Keep in mind that Medical Protocols and Standing Orders having jurisdiction supersedes the guidelines listed below.
  - If the diastolic blood pressure is  $> 130$ , they will be transported to the hospital.
  - If the diastolic blood pressure is  $> 110$  and the person is symptomatic, the person may be transported to the hospital for further evaluation. If the pressure is  $< 110$  but the person is symptomatic the same is true.
  - If the systolic blood pressure is  $>200$  and after further evaluation and rest the reading is still  $>200$  the person may be transported to the hospital for further evaluation.
  - If a pulse rate of 140 or greater is found, the person should be given oxygen and fluids and rest for a minimum of 10 minutes. At that time they should be reassessed. If after 10 minutes the heart rate drops below 140, the person may return to duty. If the rate remains above 140 the firefighter must rest for 30 minutes and be given fluids and oxygen. The person should be placed on a cardiac monitor and 12 lead EKG obtained. If after 30 minutes the rate remains above 140, the person should be transported to the hospital for evaluation.
  - If the diastolic blood pressure is  $< 110$  and there are no symptoms, no action necessary.

***In all the above cases, the crew assigned to Rehab will complete a Rehab Report.***



## EMS/Fire Rehab Personnel Reports

- EMS/Fire Rehab Report is to be completed on all personnel being evaluated at the scene.
- Signs and Symptoms Checklist for Medical Problems
  - this form must be completed as soon as possible on any personnel exhibiting any illness or injury.

## Activity Log - Major Events

For additional information pertaining to the ill or injured person and or scene observation.

## Map Sketch

Demonstrate on this form, location of the Rehab Division and any pertinent information associated with the scene.

## Rehab Division Worksheets

The following are copies of the individual worksheets which are to be used while operating a Rehab Division as part of the Department's ICS.