

REHABILITATION STANDARD OPERATING GUIDELINE

DATE APPROVED: JANUARY 2008

I. PURPOSE

To provide guidance on the implementation and use of a rehabilitation process as a tactical requirement of the incident management system (IMS) at the scene of a fire, other emergency, or training exercise. It will ensure that personnel who might be suffering the effects of a heat buildup, dehydration, physical exertion, and/or extreme weather receive evaluation and rehabilitation during emergency operations.

II. SCOPE

All personnel attending or operating at the scene of a fire/emergency or training exercise.

III. RULES

- (1) Rehabilitation shall commence when fire/emergency operations and/or training exercises pose a health and safety risk.
- (2) Rehabilitation shall be established for large-scale incidents, long-duration and/or physically demanding incidents, and extreme temperatures.
- (3) The incident commander shall establish rehabilitation according to the circumstances of the incident.

The rehabilitation process shall include the following:

- (a) Rest — a “time out” to help fire fighters stabilize their vital signs
- (b) Re-hydration to replace lost body fluids
- (c) Cooling (passive and/or active)
- (d) Warming
- (e) Medical monitoring and treatment
- (f) Relief from extreme climatic conditions (heat, cold, wind, rain)
- (g) Calorie and electrolyte replacement
- (h) Accountability
- (i) Release

IV. RESPONSIBILITIES

The incident commander shall be responsible for the following:

- (1) Establish a rehabilitation sector to reduce adverse physical effects on firefighters while operating during fire/emergencies, training exercises, and extreme weather conditions
- (3) Designate and assign an officer to manage the rehabilitation sector
- (4) Ensure sufficient resources are assigned to the rehabilitation sector
- (5) Ensure EMS personnel are available for medical monitoring and treatment of firefighters as required

The rehabilitation manager shall be responsible for the following:

- (1) Don the rehabilitation manager vest if one is available
- (2) Whenever possible, select a location for rehabilitation with the following site characteristics:
 - (a) Large enough to accommodate the number of personnel expected (including EMS personnel for medical monitoring)
 - (b) Have a separate area for members to remove PPE
 - (c) Be accessible for an ambulance and EMS personnel should medical treatment be required
 - (d) Be removed from hazardous atmospheres including apparatus exhaust fumes, smoke, and other toxins
 - (e) Provide shade in summer and protection from inclement weather at other times
 - (f) Have access to a water supply (bottled or running) to provide for hydration and active cooling
 - (g) Be away from spectators and media
- (3) Ensure personnel in rehabilitation “dress down” by removing their bunker coats, helmets, hoods, and opening their bunker pants to promote cooling
- (4) Provide the required resources for rehabilitation including the following:
 - (a) Potable drinking water for hydration
 - (b) Sports drinks (to replace electrolytes and calories) for long duration incidents (working more than one hour)
 - (c) Water supply or other means (ice packs) for active cooling through forearm immersion
 - (d) Medical monitoring equipment (chairs to rest on, blood pressure cuffs, stethoscopes, first aid supplies, check sheets, etc.)
 - (e) Food where required and a means to wash or clean hands and face prior to eating
 - (f) Blankets and warm, dry clothing for winter months
- (5) Time personnel in rehabilitation to ensure they receive at least 10 minutes to 20 minutes of rest
- (6) Ensure personnel re-hydrate themselves
- (7) Ensure personnel are provided with a means to be actively cooled where required
- (8) Maintain accountability and remain within rehabilitation at all times
- (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 shall be responsible for the following:

- (1) Be familiar with the signs and symptoms of heat stress and cold stress
- (2) Monitor their company members for signs of heat stress and cold stress

- (3) Notify the IC when stressed members require relief, rotation, or re-assignment according to conditions
- (4) Provide access to rehabilitation for company members as needed
- (5) Ensure that their company is properly checked in with the rehabilitation manager, accountability officer (resource unit) and that the company remains intact

Crew members shall 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 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 shall be responsible for the following:

- (1) Report to the incident commander and obtain the rehabilitation requirements
- (2) Coordinate with rehabilitation manager
- (3) Identify the EMS personnel requirements
- (4) Check vital signs, monitor for heat stress and other medical issues, and provide treatment and transportation to medical facilities as required
- (5) Inform the incident commander and the rehabilitation manager when personnel require transportation to and treatment from a medical facility
- (6) Document medical treatment provided and, where possible, document medical monitoring including core temperature for all members in rehabilitation

V. GENERAL

- (1) Members shall be sent to rehabilitation as required.
- (2) All members shall be sent to rehabilitation following the use of two 30-minute SCBA cylinders or one 45- to 60-minute SCBA cylinder. Shorter times might be considered during extreme weather conditions.
- (3) Active cooling (forearm immersion, misting fans) shall be applied where temperatures, conditions, and/or workload create the potential for heat stress.
- (4) In hot, humid conditions, a minimum of 10 minutes (20 minutes is preferable) of active cooling shall be applied following the use of the second and each subsequent SCBA cylinder.
- (5) Personnel in rehabilitation shall rest for at least 10 minutes to 20 minutes prior to being reassigned or released.
- (6) EMS personnel shall provide medical monitoring and treatment. Members displaying abnormal signs shall be considered for medical treatment.
- (7) If a member is demonstrating abnormal vital signs, he or she shall be monitored frequently during rehabilitation.
- (8) Vital signs shall be within the normal range prior to the member being released from rehabilitation.

- (9) Personnel who are weak or fatigued, with pale clammy skin, low blood pressure, nausea, headache, or dizziness shall be assessed by EMS personnel.
- (10) Personnel experiencing chest pain, shortness of breath, dizziness, or nausea shall be transported to a medical facility for treatment.
- (11) Members should drink approximately 32 oz (1 L) of water during rehabilitation. After the first hour, a sports drink containing electrolytes should be provided. Soda and caffeinated and carbonated beverages should be avoided.
- (14) Members should also consume at least 16 oz (500 ml) of water during the final rehabilitation period.
- (15) Nutritional snacks or meals shall be provided as required during longer duration incidents.