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.
(12) 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.