

Standard Operating Guideline for Rehabilitation

PURPOSE: To provide guidance on the implementation and use of a rehabilitation process as a 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 metabolic heat buildup, dehydration, physical exertion, and/or extreme weather receive evaluation and rehabilitation during emergency operations.

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

RULES:

1. Rehabilitation shall commence when fire/emergency operations and/or training exercises 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
 - b.) Hydration to replace lost body fluids
 - c.) Cooling (passive and/or active)
 - d.) Warming
 - e.) Medical monitoring
 - f.) Emergency medical care if required
 - g.) Relief from extreme climatic conditions (heat, cold, wind, rain)
 - h.) Calorie and electrolyte replacement
 - i.) Accountability
 - j.) Release

4. Any persons presenting for care or any service members who present with an acute medical issue are to be considered patients under definition of 305 CMR. Such care will be in accordance with State Treatment Protocols.

RESPONSIBILITIES:

The incident commander shall be responsible for the following:

- (1.) Include rehabilitation in incident/event size-up
- (2.) Establish a rehabilitation group to reduce adverse physical effects on firefighter while operating during fire/emergencies, training exercises and extreme weather conditions.
- (3.) Designate and assign a supervisor to manage rehabilitation
- (4.) Ensure sufficient resources are assigned to rehabilitation

- (5.) Ensure EMS personnel are available for emergency medical care of firefighters as required. Care will be at a minimum of BLS with ALS if indicated.

The rehabilitation commander shall be responsible for the following:

- (1.) Don the rehabilitation manager identification
- (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 personal protective equipment
 - (c.) Be accessible for an ambulance and EMS personnel should emergency medical care 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.) Active cooling where required
 - (d.) Medical monitoring equipment chair to rest on, blood pressure cuffs, stethoscopes, 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
 - (g.) Washroom facilities where required
- 5.) Time personnel 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 when 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
- 12.) Present all documentation to the Safety Officer at the end of the incident.

Company officers shall be responsible for the following:

- (1.) Be familiar with the sign and symptoms of heat stress and cold stress
- (2.) Monitor their company members for signs of heat 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 their company is properly checked in with the rehabilitation manager, 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 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 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 signs of medical issues
- (5.) Document medical monitoring see attachment A
- (6.) Provide emergency medical care and transportation to medical facilities as required. Treatment will be in accordance with State Treatment Protocols.
- (7.) Inform the incident commander and the rehabilitation manager when personnel require transportation to and treatment at a medical facility
- (8.) Document emergency medical care provided

PROCEDURES:

- (1.) All personnel shall maintain hydration on an ongoing basis (pre-incident, post-incident).
- (2.) Members shall be sent to rehabilitation as required
- (3.) All members shall be sent to rehabilitation following the use of two 30 minute SCBA cylinder. Shorter times might be considered during extreme weather conditions.
- (4.) Active cooling (e.g. forearm immersion, misting fans) shall 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 shall be applied following the use of the second and each subsequent SCBA cylinder
- (6.) Personnel in rehabilitation shall rest for at least 10 minutes to 20 minutes prior to being reassigned or released
- (7.) EMS personnel shall provide medical monitoring and emergency medical care as per Appendix U of the Massachusetts Statewide Treatment Protocols.

- (8.) If a member is demonstrating abnormal vital signs, he or she shall be monitored frequently during 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.) Personnel transported to a medical facility for treatment shall be accompanied and attended to by a department representative
- (12.) Members should drink water during rehabilitation. After the first hour, a sports drink containing electrolytes should be provided. Soda and caffeinated and carbonated beverages should be avoided.
- (13.) Nutritional snacks or meals shall be provided as required during longer duration incidents.
- (14.) No tobacco use shall be permitted in or near the rehabilitation area.