

WESTERN RESERVE JOINT FIRE DISTRICT'S SOP FOR REHABILITATION AT EMERGENCY INCIDENTS

Primary Mission

The primary mission for the fire command is to identify, examine and evaluate the physical and mental status of fire-rescue personnel who have been working during the emergency incident or a training exercise. Following a proper survey (see below), it should be determined what additional treatment, if any, may be required.

According to FEMA, “Any activity/incident that is large in size, long in duration, and /or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits consideration for rehabilitation”.

Launching the Rehab Operation

A specially designated Rehab Area, remote from the fire or emergency incident, should be established at the discretion of the Incident Commander in consult with the senior Safety Officer. If the Incident Commander determines that Rehab is necessary, qualified EMT-Ps or EMTs should be assigned to manage the Rehab Sector under the command of a fire or EMS officer or supervisor.

Anticipate rehab needs early in the incident. During large scale operations, Incident Command should consider augmenting existing resources by requesting additional EMS personnel or even another engine company or squad, to assist in the operation of the Rehab Sector.

Company officers must play an important role Rehab. If a company member shows signs of fatigue or illness, the company officer will likely be the first to recognize the problem.

Locating The Rehab Sector

In addition to ideal site characteristics, there are a number of considerations the rehab group/sector supervisor should keep in mind when selecting a rehab site. Some of these include:

The Estimated Number of Responders That Will Need to Be Rehabbed. On a small incident with a few companies on scene, it is likely that only one company will need to be rehabbed at a time. This can be accomplished in the climate-controlled cab of an apparatus, back of an ambulance or similar location. Larger numbers of responders means that a larger location will be required.

Weather Conditions. If the weather is mild and dry, it may not be necessary to select a location that shelters the responders. However, if it is excessively hot or cold, or if precipitation of any type is falling, it will be necessary to seek a site that provides shelter.

The Duration of the Incident. If the incident is going to last for the better part of a day, or longer, it may be desirable to locate a building in which rehab may be housed. However, if this building is a place of business, tying it up for that period of time could be disruptive (and harmful) to the owner/occupant. Try to select a location that does not have an adverse effect on members of the public.

With these issues in mind, the rehab group/sector supervisor can then set out to pick the rehab site location.

The site should be outside and upwind of the operational hazard area or “hot zone”. This allows personnel to remove their turnout gear and self-contained breathing apparatus (SCBA) safely.

The site should permit prompt re-entry into emergency operations when personnel have completed rehabilitation. The rehab area should not be so remote that the responders have to expend excessive energy traveling back to the scene.

The site should provide protection from environmental extremes, if necessary. Locations such as shaded, cool areas in hot weather conditions and warm, dry, protected areas during cold weather operations are preferred.

The site should be large enough to accommodate all those who may need rehabilitation. Remember when laying out the site that crews in rehabilitation will need room to sit or lie down.

The site should be free of vehicle exhaust. If running vehicles are a part of the rehab operation, they should be positioned so that their exhaust discharges downwind of the rehabbing personnel.

The site should not be immediately accessible to the media. Tired, hungry, thirsty, stressed personnel generally do not make the best media spokespersons.

The site should provide access to SCBA replenishment/refill equipment. Apparatus that carry large numbers of spare SCBA cylinders, or that have cascade systems or breath air compressors should be located at the rehab area.

The site should have easy entrance and exit routes for ambulances. This will be important in the event it becomes necessary to transport a responder to the hospital for further evaluation and treatment becomes necessary.

The site should have a supply of running and drinkable water. This simplifies ongoing rehydration operations. It also enables rehab crews to set up a cooling water spray in hot conditions.

It is helpful if restroom facilities are a part of the rehab area or close to it.

If the incident involves the recovery of fatalities, the rehab site should be out of view of the work area. This will make it easier for rehabbing personnel to relax and take their mind off of the difficult conditions they are operating within.

Arriving personnel should be examined by qualified EMS personnel, who should check and evaluate vital signs, and make proper disposition, i.e. return to duty, continued rehabilitation, or transport to medical facility for treatment. The work up should include:

- a. Scoring for Glasgow coma trauma scale
- b. Checking pupils
- c. Checking vital signs, such as blood pressure, pulse, breathing rate, lung sounds
- d. Administration of a 12-lead EKG, when chest pain or irregular heartbeat is presented
- e. Skin condition and color
- f. Body core temperature

Heart rate should be measured as early as possible in the rest period. If the firefighter's heart rate exceeds 110 beats per minute, it is recommended that an oral temperature be taken. If body core temperature exceeds 100.6F, the firefighter should not be permitted to wear protective equipment, and thus unavailable to re-enter the active work environment, until temperature has been reduced and heart rate decreased.

It is recommended that re-examination occur at ten minute intervals. Using existing protocol, Rehab Team Members should record examination results on medical evaluation forms as indicated by the District's medical director (medical control).

Treatment During Rehab

Upon completing the physical examination, the following steps should be taken to minimize further risk to fire-rescue personnel:

Turnout gear, helmets, masks and hoods should be removed immediately. Prior to ingesting anything orally, fluid or solid, it is recommended that the firefighter clean his/her hands and face with water and a cleaning agent, as provided by Rehab Sector personnel.

- a. The firefighter should rehydrate
- b. Oral rehydration and nutrition is recommended in the form of 1-2 quarts of fluids over a span of 15 minutes
- c. Body core temperature should be reduced by cooling the body
- d. Cool body temperatures gradually using misting systems, fans, etc.
- e. Individuals should be offered Oxygen therapy via nasal cannula or O2mask (humidified or Nebulized)
- f. Standing rest before reporting for further assignments
- g. The firefighter will only report to manpower staging when presentation is deemed normal by the attending EMS personnel.

NOTE: According to FEMA, water is the best rehydration agent. However, some agencies suggest a rehydration solution of 50/50 mixture of water and commercially prepared activity beverage administered at about 40F. Avoid

cooling the body using ice packs or hose streams. Cooling should be gradual, limiting further shock to the body.

In the event that presentation appears abnormal, the firefighter should immediately receive additional treatment, especially if conditions persist following fifteen (15) minutes of rest. Those complaining of chest pain, difficulty breathing and altered mental status must receive immediate ALS treatment and transport to definitive health care. Following the medical protocols in this event.

Accountability

Members reporting to the Rehab Sector/Group should enter and exit the Area as a team. Their company designation, number of personnel, and the times of entry to and exit from the Rehab Area should be documented. This can be done by either the Rehab Officer or his/her designee on a Company Check-In/Out Sheet. Keep crews together, and don't allow over-anxious members to freelance the event.

Returning To Fire Scene Duty

Members may report their availability to Manpower, Staging or Incident Commander when:

- a. Vital signs are within normal limits
- b. Absence of any abnormal signs and symptoms
- c. Completion of minimum period of 15 minutes for rest and rehydration.