Roosevelt Fire District

Standard Operating Guidelines

Section:	**Guideline 22:**
Operations	**Firefighter REHAB**

Purpose: A primary objective for the Roosevelt Fire District Incident Commander is to identify, examine and evaluate the physical and mental status of fire-rescue personnel who have been working during an emergency incident or a training exercise. Following a proper survey, it should be determined what additional treatment, if any, may be required

Scope: This procedure applies to all members of the Roosevelt Fire District

Procedure:

1. **Establishing REHAB**
    a. A designated Rehab Area, remote from the fire or emergency incident, will be established at the discretion of the RFD Incident Command in consult with the Incident Safety Officer and the EMS Supervisor. If the Incident Commander determines that Rehab is necessary, an on-scene EMS team will be assigned to manage the Rehab area under the direction of the EMS officer in charge. Rehab shall report directly to the Incident Commander or Incident Safety Officer unless otherwise directed. EMS shall be responsible for staffing the Rehab area until released by the RFD Incident Commander. Once established, a dedicated team and ambulance will remain on-scene for this purpose.

2. **Location of the REHAB Area:**
    a. It is crucial for RFD Incident Commander to establish the Rehab area away from any environmental hazards, or by-products of the fire, such as smoke, gases, or fumes. During hot months, the ideal location might include a shady, cool area distant from the incident. In the winter, a warm, dry area is preferred. Regardless of the season, the area should be readily accessible to EMS personnel and their equipment, so they may restock the area with supplies, or egress if emergency transport is required. Misting/cooling systems and on-scene support staff (Ladies Auxiliary) should be stationed in or around this area as well. During large-scale incidents, the Incident Commander should consider establishing Multiple Rehab Areas as the situation warrants.

3. **COORDINATION AND MANNING**:
    a. The EMS Officer in charge will determine who will be designated as the Rehab Officer. The incident itself will determine just how many people will be needed to staff the Rehab Area; however, a minimum of two trained EMS personnel should initially be assigned to monitor and assist firefighters in the Rehab area. Utilization of On-Scene Support Staff (Ladies Auxiliary)

to assist EMS personnel in making "working" members as comfortable as possible. The RFD Incident Commander shall assign the Rehab Area and officer in charge, a radio frequency, if the scale of the incident warrants such

4. **EVALUATION OF PERSONNEL**
    a. It is important for the RFD Incident Commander and company level officers to continually monitor personnel for telltale signs of exhaustion, stress, and or physical injury. RFD personnel are encouraged to report to an officer that they feel the need to go to the Rehab Area at any time the firefighter feels the need to do so. Symptoms may include weakness, dizziness, chest pain, muscle cramps, nausea, altered mental status, difficulty breathing, and others. Firefighters who have inhaled products of combustion or had direct skin contact with a hazardous material should report to Rehab as soon as possible for baseline evaluation.

5. PHYSICAL EXAMINATION OF PERSONNEL
    a. RFD personnel shall be examined by qualified EMS personnel when reporting to the rehab area. Paramedics/EMTs should check and evaluate vital signs, and make proper disposition, i.e. return to duty, continued rehabilitation, or transport to medical facility for treatment.
    b. If EMS personnel note abnormalities in the physical examination, the firefighter should not be permitted to wear protective equipment and/or re-enter the active work environment, until all parameters are within normal range. EMS personnel will report any abnormal findings to Rehab Officer. Re-examination should occur at ten-minute intervals. EMS personnel should record examination results.
    c. If abnormal presentations are present, the firefighter should immediately receive additional treatment, especially if abnormalities persist following fifteen to twenty minutes of rest. RFD personnel complaining of chest pain, difficulty breathing or altered mental status must receive immediate ALS treatment and transport to definitive health care. EMS personnel will follow established protocols for ALS intervention. The RFD Incident Commander must be notified and given the name, condition, and destination of any firefighter transported from the emergency scene. This communication must be given via face-to-face or other secure communication.

6. **TREATMENT DURING REHAB**
    a. Upon completing the physical examination, the following steps should be taken to minimize further risk to RFD personnel: Before 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 personnel.
        i. The firefighter should rehydrate.
            1. Oral rehydration and nutrition are recommended in the form of 1-2 quarts of fluids over a span of 15 minutes
        ii. Body temperature should be reduced by:
            1. Remove Helmets/Hoods/Mask
            2. Remove Turn-Out Gear *(to include pants and boots)*
            3. Cool body temperatures gradually using misting systems, fans, tap water, etc.
            4. Individuals should be offered oxygen therapy via O2 mask (humidified or nebulized)
            5. Standing rest before reporting for further assignments
    b. Fire personnel should report to Staging when presentation is deemed normal by the attending Rehab EMS personnel.

7. ACCOUNTABILITY

All RFD personnel entering the Rehab area should have their names, times of entry to and exit from the Rehab Area documented by EMS staff. This should be done either by the Rehab Officer or his / her designee

8. **RETURNING TO FIRE SCENE DUTY**:
    a. RFD personnel may report their availability to Staging when:
        i. Vital signs are within normal limits.
        ii. There is an absence of any abnormal signs and symptoms.
        iii. A minimum period of 15 minutes for rest and rehydration has been completed