

RECOMMENDED STANDARD FOR FIREFIGHTER REHAB

INTRODUCTION

The SCFC Association recognizes that maintaining the physical condition of personnel when operating at emergencies and physically demanding training, is a critical component of the incident or training exercise. It is recognized that agencies have varying capabilities and resources available to meet this standard; however, providing for rehabilitation will lessen the risk of injury that may result from extended field operation under adverse conditions

RECOMMENDED STANDARDS OF PRACTICE

This procedure is in no way intended to diminish initial fire attack aggressiveness.

Rehabilitation shall be established when personnel are operating at an emergency scene or training exercise where strenuous physical activity or exposure to heat or cold exists.

Agencies with Rehab units and personnel should make every effort to equip the Rehab unit and train assigned personnel as necessary to meet this standard. This is particularly important when these units are made available on a mutual aid basis. This will help to ensure that the requesting agency can expect a specific level of service to be provided by the rehab unit.

RECOMMENDED PROTOCOLS

- I. The Incident commander (IC) shall consider the circumstances of each incident and make adequate provisions early in the incident for the rest and rehabilitation for all members operating at the scene. These provisions should include:
 - i. Medical evaluation
 - ii. Treatment and monitoring
 - iii. Nutritional food and fluid replacement
 - iv. Mental and physical rest
 - v. Relief from extreme climatic conditions
 - vi. Member accountability.

- II. All supervisors shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate steps are taken to provide each member's safety and health. The command structure shall be utilized to request relief and the reassignment of fatigued crews.

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- III. The “two bottle rule,” or 45 minutes of work time, is recommended as an acceptable level prior to mandatory rehabilitation. In all cases, the objective evaluation of a member’s fatigue level shall be the criteria for rehab time.
- i. Members shall self-rehab by re-hydrating (at least 8 ounces of water) while SCBA are being changed.
 - ii. Rest shall not be less than ten minutes and may exceed an hour as determined by the Rehab Unit Leader. Fresh crews, or crews released for the Rehab Unit shall be available in the Staging Area to ensure that fatigued members are not required to return to duty before they are rested, evaluated, and released by the Rehab Unit Leader.
 - iii. The Rehabilitation Group with an assigned Group Supervisor should be assigned. The recommended radio designation REHAB, will be utilized to evaluate and assist personnel who could be suffering from the effects of sustained physical and/or mental exertion during emergency operations.

LOCATION CONSIDERATIONS

- I. The Rehab Group Supervisor, will designate a rehab location and notify the Incident Commander (IC).
 - i. The location should be sufficiently far away from the effects of the operation that members can safely remove their personal protective equipment (PPE).
 - ii. The site should enable members to be free of exhaust from apparatus, vehicles, or equipment.
 - iii. The site should be large enough to accommodate multiple crews, based on the size of the incident.
 - iv. The site should be easily accessible to the medical treatment area.
 - v. The site should allow prompt reentry back into the emergency operation upon complete recuperation.

ACCOUNTABILITY

- I. The Rehab Group Supervisor shall maintain a list of all companies at the scene and keep the Incident Commander apprised of the condition of emergency personnel.
- II. To maintain accountability, the Rehab Group Supervisor shall ensure that each company’s check-in and check-out times are recorded.

MEDICAL MONITORING/EVALUATION

- I. Rehabilitation should include the provision of Emergency Medical Service (EMS) at the EMT Basic Life Support (BLS) level or higher.

- II. The Rehab Group Supervisor will ensure all vital signs are taken and recorded. It is ideal to check vital signs after a two-minute rest period from performing emergency duties.
 - i. The Rehab manager should request an Advanced Life Support (ALS) evaluation when it is determined during a rehab evaluation that an individual's vital signs are outside the specified guidelines.
 - ii. **VITAL SIGN PARAMETERS:** Detailed medical evaluation is indicated when abnormal vital signs are detected. Vital sign parameters have been established as follows:
 - iii. **ABNORMAL**
 1. **BLOOD PRESSURE:** Systolic pressure greater than 160 or less than 100, diastolic pressure greater than 90 or less than 50.
 2. **PULSE:** Greater than 110 or less than 50.
 3. **RESPIRATIONS:** Greater than 24 or less than 8.
 4. **OTHER SIGNS OR SYMPTOMS:** Other signs or symptoms the evaluator determines that may require further medical evaluation.
 - iv. **NORMAL**
 1. **TARGETED HEART RATE** (Age adjusted).

Age	Heart Rate
20 to 29	117 or less
30 to 39	112 or less
40 to 49	105 or less
50 to 59	100 or less
 - v. If deemed necessary, that person shall be transported to a hospital for further evaluation.

WARMING, COOLING, NOURISHMENT, AND HYDRATION

- I. The Rehab manager will ensure that relief from extreme temperatures is available.
 - i. Including a shady area or shade structure is available during hot weather.

- II. The Rehab manager will ensure that adequate supplies, food and drinks are available for the responders.

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DOCUMENTATION

- I. The Rehab managers shall complete a rehabilitation report.
 - i. The report shall include the location and date of the incident, incident number, name of the Incident Commander, and a complete list of all personnel who were processed through rehabilitation along with their vital sign records. The rehabilitation report shall be sent to the Incident Commander, and then forwarded to the Agency's Safety Officer. Individuals may request their own personal vital signs.

REFERENCES

NFPA 1500-22, 8.3 – 8.4

NFPA 1584

FIRESCOPE 910

Title 8, CCR, Section 5144, g(3) and g(4)

Title 8, CCR, Section 3395(d)