

**TCESD #2  
Rehab  
Handbook**

**How to set up and manage  
REHAB!**

## **BEFORE RESPONSE - Reasons for Rehab & Expectations**

Firefighters suffer more than 80,000 injuries and nearly 100 line-of-duty deaths each year. Although the risk of morbidity and mortality rises dramatically when performing fire suppression at a non-residential structure, most firefighter injuries occur during fire suppression at single- and two-family homes. More than half of firefighter deaths are due to cardiovascular events, and nearly a quarter of the injuries are attributed to overexertion and strain.

The physical and mental demands associated with firefighting and other emergency operations exceed those of virtually any other occupation. Unlike many jobs, firefighters cannot pick the time or conditions these jobs must be carried out. Emergencies occur at all times and in every conceivable environmental condition.

When you combine the inherent stresses of handling emergency incidents with the environmental dangers of extreme heat and humidity or extreme cold, you create conditions that can have an adverse impact on the safety and health of the individual emergency responder. Members who are not provided adequate rest and rehydration during emergency operations or training exercises are at increased risk for illness or injury, and may jeopardize the safety of others on the incident scene.

When emergency responders become fatigued, their ability to operate safely is impaired. As a result, their reaction time is reduced and their ability to make critical decisions diminishes. Rehabilitation is an essential element on the incident scene to prevent more serious conditions such as heat exhaustion or heat stroke from occurring.

The goal of rehab is to get firefighters either back into the action or back to the station in a safe and healthy condition. When rehab operations are implemented properly, they go a long way towards making sure that the physical and mental conditions of responders operating at the emergency scene do not deteriorate to a point that affects the safety of any responder or that jeopardizes the safety or effectiveness of incident operations.

## **Paperwork**

Depending on the procedures used for tracking personnel in rehab, a variety of recording and timekeeping equipment may be needed. It is most efficient to locate all of this equipment on an apparatus that is likely to be involved in rehab operations. By having all the necessary items located together, the personnel assigned to establish the rehab area will be able to begin the process more quickly than if they first have to locate and assemble these items separately. The following equipment and forms may be used for information recording and timekeeping:

- temperature logs
- rehab forms
- clipboards
- writing implements
- clocks, stopwatches, or other time recording equipment
- request for supplies

## **Equipment for Rehab -Portable Equipment used for Rehab Operations**

In order to provide effective rehab operations at an incident scene, a variety of portable equipment will be required.

### ***Rehab Area Marking Equipment***

Rehab operation must be easily located and defined; this may be done by using signs, banners, traffic cones, vinyl boundary marker tape, rope, or other similar items.

### ***Blankets / Tarps***

Blankets and tarps can be used for a number of purposes during rehab operations. In a pinch they can be used to construct simple shelters. Blankets may be useful for aiding personnel in warming themselves during cold weather operations.

### ***Portable Shelters***

E-Z up type structures can be quickly set up to provide shade or protection from the rain. In windy conditions they may need to be secured to the ground to prevent being toppled or otherwise blown away.

### ***Active Cooling Devices***

Chairs that allow hand and forearm immersion are effective at cooling the core temperature of rehabbing firefighters. A ready supply of ice water and reservoir bags will be required. Other devices include towels that are soaked in ice cold water and placed over the head and neck of rehabbing firefighters also work well.

It is recommended to use a fresh chair arm reservoir bag and sanitized towel for each firefighter. Towels can be sanitized on scene using 3 buckets of clean water and bleach water in a rinse, sanitize, rinse fashion.

### ***Misting/Cooling Devices***

Misting equipment is not particularly effective in environments that have moderate to high relative humidity, but may increase the perceived level of comfort for responding personnel and are more effective during summer operations.

### ***Lighting and Electrical Generation Equipment***

Virtually any rehab operation will require a source of electrical power in order to run the variety of powered equipment that will be used there. When used for rehab operations it is most desirable to locate them somewhat away from resting firefighters to reduce noise and exposure to exhaust fumes.

### ***Spare Clothing/Personal Protective Equipment***

A limited supply of dry clothing and PPE stored on rehab vehicles or service apparatus may be placed in rehab areas for responders to change into as the need arises. The spare equipment should be washed and inspected before it is placed back on the apparatus or in storage.

### ***Portable Toilets***

If the incident will last more than 24 hours, arrangements should be made for the provider to return periodically to empty and service the toilets.

### ***Hand Washing Equipment***

All responders should wash their hands and faces before beginning the rest and replenishment portion of the rehab process. Needed Supplies are; potable water, soap or other cleansers—preferably antibacterial soap, catch basins or dispensing equipment, pre-moistened towelettes and paper towels.

### ***Chairs and Tables***

Chairs and tables will be useful during rehab operations. Some personnel find it more appealing and comfortable to sit on a chair or bench when resting rather than sitting on the ground.

### ***Drink Dispensing Equipment***

There are two basic means for providing fluids in rehab operations: individual serving containers or bulk beverage coolers and cups. This equipment will require an inventory check assigned to as a regular duty. Ice chests will be needed to store ice and cool drinks. Ice chests and bulk containers shall be dumped, sanitized, and rinsed at the end of each incident.

### ***Trash Collection Equipment***

Rehab areas will quickly accumulate a relatively large amount of trash. Trash collection equipment should be deployed as soon as the rehab area is set up and the trash that is collected must be disposed of appropriately.

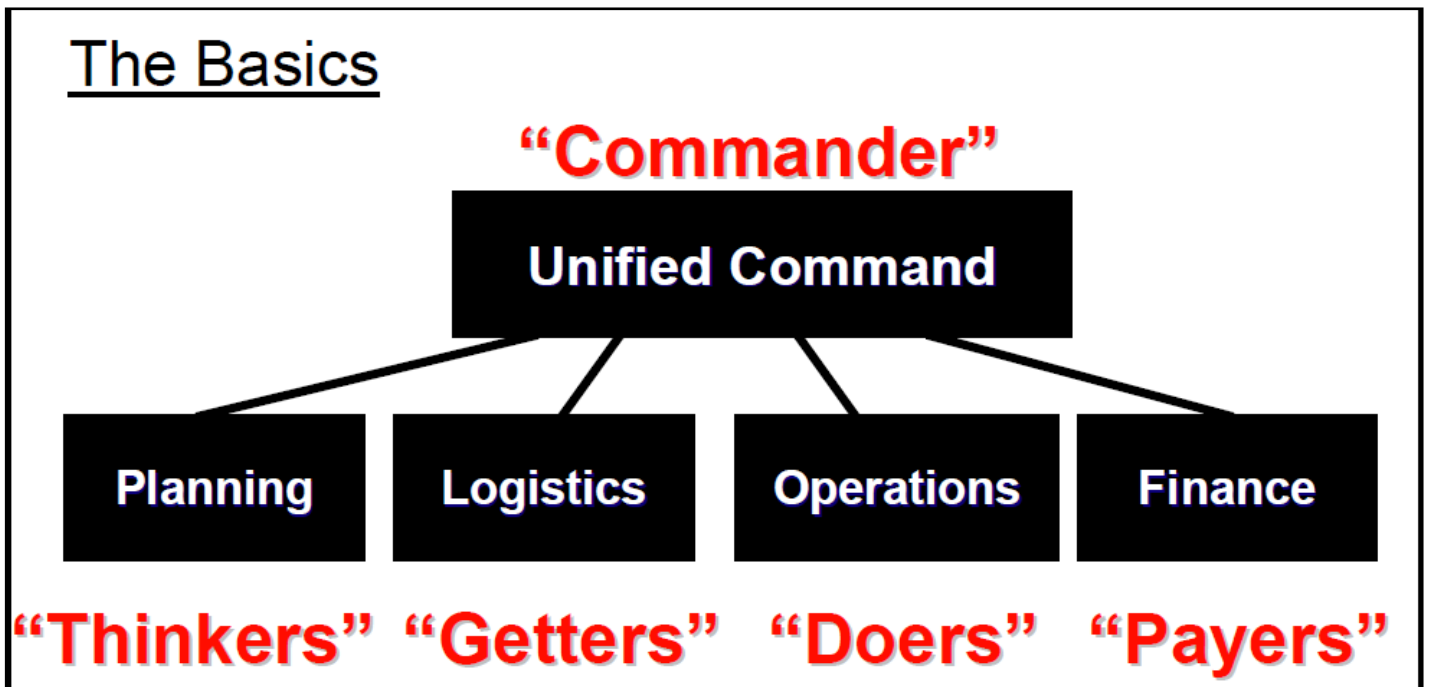
All Equipment will require a regular inventory check, and all equipment will need cleaned, sanitized, rinsed and air dried after use.

## Rehab Responsibilities

1. *Physical assessment*—Every firefighter must be given a basic physical assessment when they first enter the rehab area; this includes both a visual assessment and monitoring of basic vital signs. A firefighter who shows signs of present or potential illness or injury should be sent to the Medical Evaluation and Treatment portion of the rehab area for more intensive treatment. Firefighters who are simply tired, thirsty, and/or hungry can also be sent to the revitalization area to address those needs.
2. *Revitalization*—the basic intent of this function is to provide rest, rehydration, and nutritional support for responders who have been actively participating in incident operations. Other than the initial assessment that is given to every responder who enters rehab, this is probably the most common function performed during most rehab operations. The purpose of this function is to make sure that personnel rest long enough to regain their energy and allow their vital signs and body core temperatures to stabilize, replace fluids lost during exerting periods of work, and meet nutritional needs they may have. The goal is to send the person back into action or back to the station in relatively the same condition in which they arrived at the incident.
3. *Medical evaluation and treatment*—Firefighters whose initial assessment reveals present or pending injury or illness must receive more thorough evaluation and treatment in order to minimize the chance of their condition worsening. Firefighters displaying these signs must receive immediate attention. They should not be directed to the revitalization area first before getting treated.
4. *Continual monitoring of physical condition*—Firefighters who are in either the revitalization area or the treatment area should both receive continual evaluation during their stay in the rehab area. Firefighters who do not have easily treatable conditions or who do not show signs of recovering will require a greater level of medical attention, usually following transport to a medical facility.
5. *Transportation for those requiring treatment at a hospital*—In some cases, conditions that seem extremely minor can change quickly during the transport. If the person is not in a properly equipped and staffed ambulance, proper medical treatment could be delayed.
6. *Initial critical incident stress assessment and support*—Incidents that require large rehab operations often involve situations that can be emotionally stressful to firefighters. These include situations involving civilian and/or firefighter injuries and deaths. In recent years, emergency services have realized the importance of implementing aggressive critical incident stress management (CISM) programs in maintaining the overall wellness of their members.
7. *Reassignment*—Firefighters who have been restored to acceptable physical and emotional condition are ready to be either reassigned to the incident or sent back to their quarters. This procedure must not violate the integrity of the member accountability system and be orderly in nature.

*ICS – What is it and Where Does Rehab Fit?*

In order for any emergency incident, regardless of its size, to be handled in the utmost safe and efficient manner it is essential that an incident management system be used to organize and manage the responders assigned to the incident. Incident command must be established at every incident. Only those portions of the ICS structure that are actually needed at an incident should be activated and staffed. The responsibilities for any portion of the ICS structure that are not activated remain the responsibility of the IC.



Technically, Rehab falls under the Logistics Branch of the ICS. On the vast majority of incidents, this branch will not be established although Rehab is necessary. In these instances, the Rehab Group Supervisor will report directly to the Incident Commander.

## Food and Refreshments for Firefighters

### *Hydration and Dehydration Concerns in Rehab Operations*

Other than treating personnel who show signs of a physical illness or injury, perhaps the most important function carried out in the rehab operation is ensuring that firefighters receive adequate hydration to support their body's need to replenish fluid lost during emergency operations or training evolutions.

Every cell within the human body is comprised, in part, with varying amounts of water. In total, the typical human body is composed of about 60 percent water. During periods of extreme work or when exposed to high atmospheric temperatures, the majority of water lost from the body is a result of sweating. The amount a person sweats will vary depending on a number of factors, including the:

- Individual's metabolism and level of physical fitness;
- Level of exertion the individual is performing;
- Atmospheric temperature the person is operating in; and
- Amount of clothing and protective equipment being worn.

During periods of extreme exertion, some people may lose as much as 1 liter (about 1 quart or 2.2 pounds) of sweat per hour. People who are relatively fit and have a lower percentage of body fat are actually more susceptible to early dehydration because muscle cells contain more water than do fat cells and therefore require more frequent replenishment.

While water balance is indeed crucial, so are electrolytes present in the body. Failure to maintain adequate levels of electrolytes will negatively impact these functions and potentially endanger the firefighter. The most common way for firefighters to replace electrolytes lost during emergency scenes or training exercises is to drink sports beverages that contain replacement electrolytes.

There are three primary considerations when choosing appropriate drinks for rehab operations: taste, tolerability, and nutritional value. Appropriate rehab beverages must be acceptable, to some extent, in all three of these areas.

Drinks should be cool (50-60 °F), but not ice cold. In cold weather some jurisdictions serve warm drinks. An issue with serving warm drinks is that often firefighters will sip them to make themselves feel warm inside, but may not drink enough to properly rehydrate themselves. Firefighters should follow warm drinks with appropriate rehydrating drinks.

Water is the principle fluid being lost from the body during hard work and exercise. Using plain water for rehab operations will meet the body's need to replenish hydration levels, but it will do nothing to replace lost carbohydrates and electrolytes, as plain water contains neither of these.

Sports drinks are formulated carefully to ensure that they provide the user with needed water, electrolytes, sugar (carbohydrates), and other nutrients. This mixture ensures that all the body's replacement needs are met and that electrolyte and carbohydrate levels are kept in balance with water intake and retention. Because of the variety of flavors that are available, it is more likely that firefighters will find choices that they find more appealing than drinking plain water. The typical sweet-tart taste combination doesn't quench thirst, which combined with the more appealing taste, means that in many cases firefighters will continue drinking the sports drink long after water has lost its appeal.



# CAUTION

**ENERGY DRINKS SUCH AS RED BULL®, MOUNTAIN DEW AMP®, AND MONSTER ENERGY®. THESE DRINKS SIMPLY CONTAIN EXCESSIVE AMOUNTS OF SUGAR AND CAFFEINE AND ARE NOT NUTRITIONALLY BALANCED TO MEET THE NEEDS OF FIREFIGHTERS WHO HAVE EXPENDED A LARGE AMOUNT OF ENERGY. THEY SHOULD NOT BE USED IN REHAB OPERATIONS.**

## *Food and Nutritional Support during Rehab*

There are no set rules for when food operations should be established, but most jurisdictions typically plan for them if the incident will be more than 3 to 4 hours in duration. This may be adjusted based on a number of factors, including weather conditions and the time of day of the incident. For example, an incident that occurs early in the morning, before firefighters were likely to have eaten breakfast, may require earlier nutritional support. Short- to medium- duration incidents typically only require minor nutritional support in the form of prepackaged foods and other easy to serve and eat items. Long-duration incident may require more substantial, meal-like support operations.

There is almost an endless variety of choices when it comes to selecting food to support incident rehab operations. The exact types of food to be served at the incident will depend on a variety of factors, including the service capabilities of the provider, the duration of the incident, and the preferences of the members of the fire department.

Much has been said about the importance of a healthy lifestyle, including proper long-term nutritional habits. Certainly, these principles should be extended to the food selections that are chosen for incident rehab operations. We have the benefit of tailoring their food selections to meet incident nutritional needs and should put a lot of thought and planning into those food selections. When making these selections it is important to consider the three basic types of nutrients that make up a normal diet: carbohydrates, fats, and proteins. Regardless of who is providing the food or what food is being served, the following principles must always be followed for incident scene food serving operations:

- Firefighters should wash their hands before eating any foods at the incident scene. If running water and soap are not available, use antibacterial pre-moistened towelettes, waterless hand cleaners, or hand sanitizers.
- All food serving equipment must be sanitary and fully compliant with local health department regulations.
- All foods should be fresh and stored and served at appropriate temperatures. This reduces the risk of infecting responders with food-borne bacteria that may lead to a serious illness.

Well-fed personnel tend to have better morale and will have higher energy levels than hungry personnel. Every effort should be made to ensure that sound, appealing food service is provided in the rehab area when the situation calls for it.

### ***Rehab Site Selection***

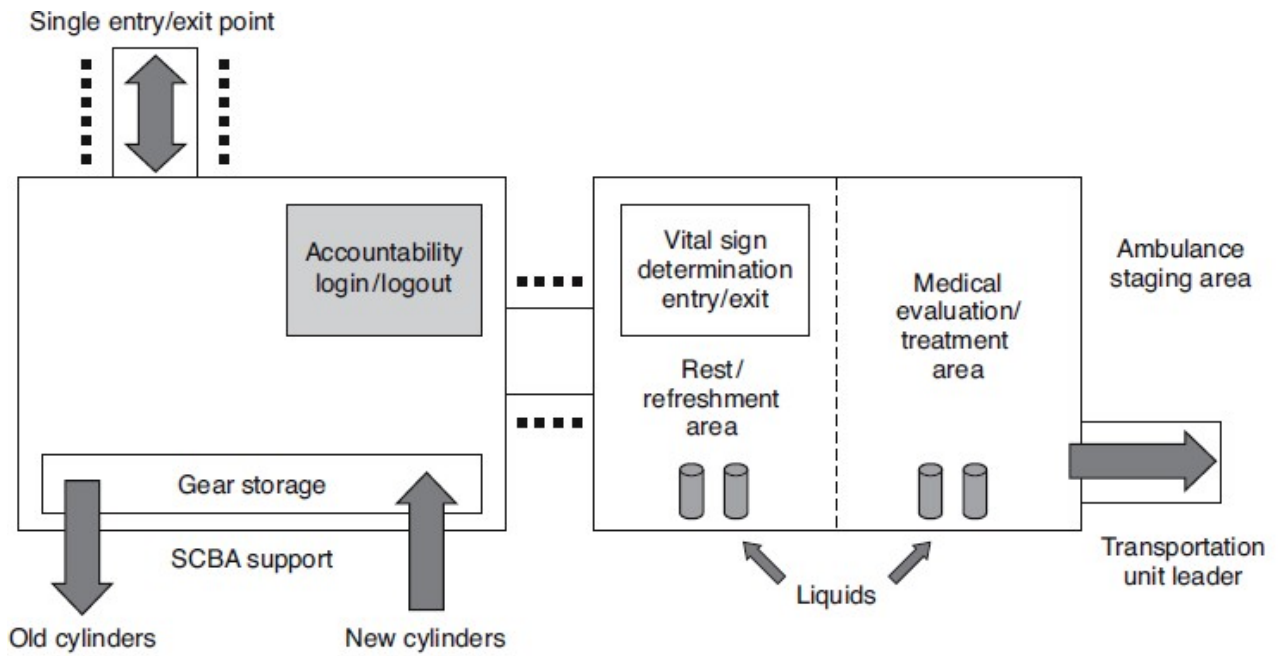
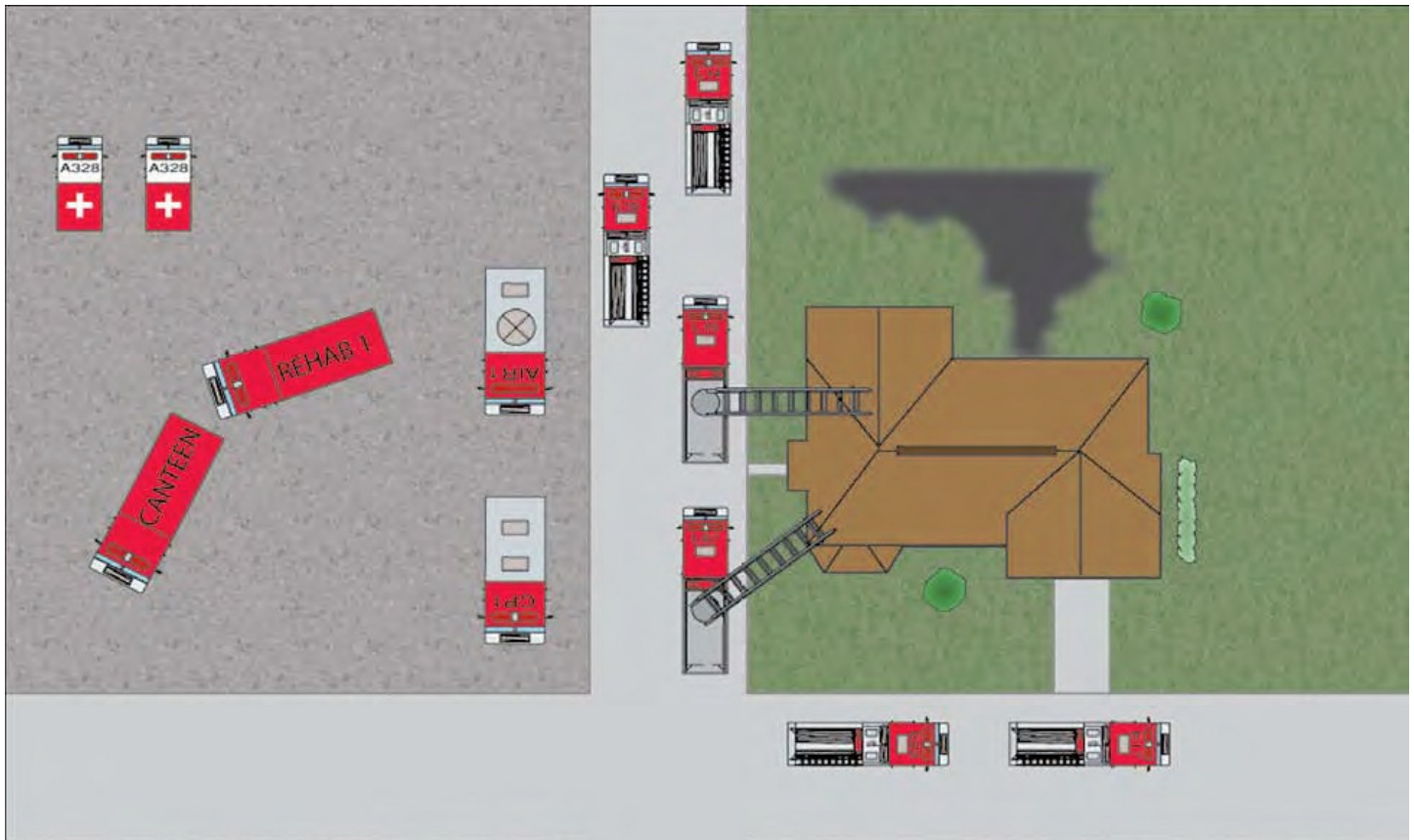
The most basic criteria for selecting a good rehab area is making sure the chosen location maximizes the firefighter's ability to get proper rest and revitalization, as well as medical attention as required. The "big three" considerations that will need to be taken into account are:

1. *The estimated number of responders who will need to be rehabbed*
2. *The climatic conditions at the time of the incident*
3. *The duration of the incident*

The following is a summary of characteristics and considerations that must be evaluated in addition to the "big three" described above:

- Locate the rehab area in the incident's "cold zone" so that personnel in the area can remove protective equipment and truly relax and recharge. In general, the rehab area should be outside, uphill, and upwind of the hazard area.
- Be reasonable in the distance from the work area to the rehab area. You don't want to be so close that the rehab area is in the way of incident operations. On the other hand, it should not be so remote that firefighters are tired by the time they get back to the work area.
- Choose a site that protects responders appropriately from the weather conditions. Look for a shaded, cool area in hot weather and a warm, dry, wind-protected area during cold-weather operations. Always try to stay out of precipitation.
- Make sure the site is large enough to comfortably fit all those people who will be rehabbing or operating the site. Cramped rehab areas work against the goals trying to be accomplished there.
- 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 exhausts discharge downwind of rehabbing personnel.
- Excessive, loud noise can have a negative impact on people's ability to relax and recharge. Look for as quiet a location as possible.
- Make sure that you are able to restrict media access to the rehab area. Dealing with media works against trying to rest and relax.
- Apparatus capable of replacing and/or refilling expended SCBA cylinders should be located near or at the rehab area.
- The rehab area must be easily accessible, in both directions, for ambulances that may be needed to transport injured firefighters to a medical facility.
- Rehab operations require substantial amounts of drinking water. On smaller, shorter incidents these needs usually can be easily met with drinking water that is brought to the scene on apparatus.
- It is helpful if restroom facilities are a part of the rehab area or are in close proximity to it.
- Make sure the rehab area is remote from gruesome sights.

Examples *Setting up the rehab area*



## **Keeping Track of Personnel - *Entry Point & Accountability***

The first point of contact for all responders who are assigned to report to a rehab area must be with the designated Entry Point for the rehab operation. All rehab operations must have a single, designated Entry Point through which all responders will report when accessing the area. This ensures that all personnel will be logged in and they will receive an initial assessment of their medical condition and well-being. From an accountability standpoint, it is most desirable for crews or companies to report to rehab as a whole group. This eliminates the need to hunt for scattered groups should a rapid head count be required.

The individual logging personnel into the rehab area needs only to be familiar with the accountability system and login procedures used. It does provide an extra layer of observation if the login person has some emergency medical training, but it is not required, as long as other personnel in the entry area are capable of performing an initial medical assessment of the personnel once they arrive.

When personnel are reassigned from forward operating positions and sent to rehab, the members check in with the Rehab Officer or rehab accountability officer when they reach the rehab area. The Rehab Officer then logs the personnel on the Incident Rehab Check In/Out Log sheet. By doing this, the exact attendance in rehab at any given time will be known. This is important in the event that a serious problem, such as an explosion or structural collapse, occurs on the emergency scene. Knowing that personnel are in rehab will negate the need to search for them in a rubble pile.

Once the personnel are ready to leave rehab and be reassigned to the incident, the IC or Staging Manager is notified of their availability. When the group receives its next assignment, The Rehab Officer notes on the log sheet the time that these personnel are checking out and where they have been assigned.

If one member of a crew or company who is in rehab is deemed unfit to return to service, the Rehab Officer should notify the IC and Follow SOP's for the rest of the crew/company.

## Rehab Efforts - *Initial Assessment*

Once the firefighters have logged into the rehab area they should shed their SCBA, if they are wearing one, as well as any other special protective equipment. The exceptions to this statement are people who have been wearing chemical protective garments and potentially had been exposed to hazardous materials. Those personnel should go through decontamination and remove the chemical protective clothing before they proceed to the rehab area.

Ideally, the rehab area will be located in an area whose climate allows the firefighters to remove their regular turnout clothing as well. This is important in warm weather situations, as there is a need for the firefighter's body temperature to be cooled as much as possible. Turnout coats, protective hoods, gloves, and helmets should be removed completely. Protective trousers and boots should be rolled down over the boots. This allows the lower body to cool faster than if the pants remain on.

Once the firefighters have shed their gear they should be given an initial assessment to check for signs of injuries and/or heat- and stress-related illnesses. The initial assessment must include obtaining entry vital signs including blood pressure, pulse, and temperature. The results of this assessment will be used to determine whether the firefighter simply needs some rest and rehydration, or if he/she needs more detailed medical evaluation and treatment.

In addition to simply taking vital signs, the rehab personnel should also look for other possible clues of injury or distress, including chest pains, shortness of breath, altered level of consciousness, extreme fatigue, poor skin color, and similar symptoms. It is a good idea to talk to the firefighters while they are being evaluated to determine how they respond. Any members who have unacceptable vital signs or who exhibit any other signs of an injury or illness should be sent to the Medical Evaluation/Treatment Unit for further evaluation and treatment. Responders who appear to be in relatively good condition should be directed to the Revitalization Area. The Rehab Decision Algorithm can be utilized to assist in how personnel should proceed through Rehab.

## Revitalization - Rest and Recovery of Personnel

The Rest and Refreshment Unit is responsible for three functions that are extremely important in allowing tired, but otherwise medically fit, firefighters to be ready to return to duty: providing rest, fluid replacement, and nutritional support. The amount of time that firefighters need to spend in the Rest and Refreshment Unit varies depending on a variety of conditions, including

- The responder's level of physical conditioning;
- The atmospheric conditions;
- The nature of the activities the responder was performing before entering rehab; and
- The time needed for adequate rehydration and/or eating.
  - This amount of time is at least 10 minutes if the responder
    - has depleted two 60-minute SCBA cylinders at 50% consumption, two 30-minute or one 45- or 60-minute SCBA cylinder at 75% consumption (low air alarm activation),
    - was wearing encapsulating chemical protective clothing, or
    - was otherwise performing hard labor for 40 minutes.
  - Any responder who does not appear to be in a condition suitable for returning to action following 20 minutes of rest should be sent to the Medical Evaluation/Treatment Unit for further evaluation.
  - Depending on the results of that evaluation the firefighter may be ordered to rest a little longer, or be transported by ambulance to hospital

Crews should remain in the rehab group for 10 to 20 minutes. Before returning to firefighting or rescue duties, all crew members should have a repeat pulse and BP check.

During rehabilitation and medical monitoring, rehab group personnel may detect signs and symptoms of potentially life-threatening emergencies. These signs and symptoms include:

- Chest pain;
- Shortness of breath;
- Altered mental status (confusion, seizures, dizziness, etc.);
- Skin hot in temperature and either moist or dry and flushed — a potential heat stroke finding;
- Irregular pulse;
- Temperature greater than 101° F;
- Systolic BP less than 100

Additional considerations may include:

- Pulse greater than 150 at any time;
- Pulse greater than 140 after cool down;
- Systolic BP greater than 200 mm Hg after cool down; and
- Diastolic BP greater than 130 mm Hg at any time.

If you detect any of these conditions, place the patient on high flow oxygen, initiate appropriate care and immediately assign the patient to Medical Treatment Section for possible transport to an ED for further evaluation and treatment..

### ***Special Medical Considerations***

Traumatic injuries: All personnel who enter the rehab group with injuries should be evaluated promptly, treated, and then transported to a medical facility if warranted. When determining whether to allow personnel with a minor injury to return to active on-scene duty, consider the following criteria:

- Anyone with an injury that may worsen if they return to duty should not do so. Example: wounds that may become contaminated and increase the risk of subsequent infection.
- Anyone with an injury that may in any way impair performance should not return to duty. Example: a minor sprained ankle that might cause the firefighter difficulty when climbing a ladder.

***Heat-related emergencies:*** Prevention and treatment of heat-related emergencies (heat cramps, heat exhaustion and heat stroke) are two of the most effective medical interventions rehab routinely makes. Although heat-related emergencies are common, they are most pronounced in firefighting for several reasons. First, fires emit heat. In structural or wildland fires, heavy fire loads may produce extreme heat. Also, the intense physical activity associated with firefighting causes firefighters' bodies to generate increased heat. Finally, the protective clothing firefighters wear, although essential for safety, often impairs heat loss through evaporation and convection.

### **Vital ACHEs**

Rehab personnel may find the mnemonic Vital ACHEs useful to recall the necessary elements of medical monitoring:

- Vital signs
- Altered mental status
- Carbon monoxide
- Heat/cold stress
- Exhaustion

### ***Working with Emergency Medical Technicians (Ambulance)***

When personnel performing the initial assessment at the rehab entry point determine that a firefighter needs a more thorough examination or some type of medical treatment, the firefighter is assigned to the Medical Evaluation/Treatment Unit. Firefighters who are referred to the Medical Treatment Unit will receive a thorough medical evaluation that is based on the symptoms they present. In many cases the firefighter's condition and vital signs will improve once they have rested, cooled down, and received some fluid and nutritional support. If this is not the case, the firefighter typically should be transported to an appropriate medical facility. The following are EMS responsibilities:

- Report to the IC and obtain the rehab group requirements.
- Coordinate with Rehab Group Supervisor.
- Identify the EMS personnel requirements.
- Provide treatment and transportation to medical facilities as required.
- Inform Rehab Group Officer when personnel require transportation to and treatment from a medical facility.
- Document medical treatment provided on the standard PCR form used.

***Release from Rehab***

There are three basic dispositions for personnel who have been assigned to the Rehab Unit:

1. If they are in suitable condition they may be reassigned to another function on the emergency scene.
2. If they are in good condition, but their services at the emergency scene are no longer required, they can return to service and be sent back to the station or home, as the case may be.
3. If deemed necessary, they can be transported to a hospital for further evaluation and/or treatment.

Personnel released from Rehab and placed back in service to run other alarms should be instructed to continue hydration efforts and refrain from other strenuous activity when/if possible (post-rehab).



## Terminating Rehab

The decision to terminate Rehab will come from the Command Post. Usually this decision is a joint effort between the Incident Commander, Section Chiefs, and Incident Safety Officer but ultimately falls under the responsibility of the IC.

### *Breaking down Rehab Operations*

Rehab operation should remain proportional with the size of the incident as the incident progresses through its normal stages. As the incident grows, so should the ability to rehab greater numbers of firefighters. As an incident begins to wind down, the rehab operation may be scaled back as well.

While it may be tempting to drastically scale back or shut down rehab operations once the major part of the emergency operations have been concluded. In many cases the work that remains when a fire is brought under control is actually the most demanding part required of firefighters at that incident. Activities such as salvage and overhaul operations are physically taxing on firefighters, especially when those firefighters have been operating at the incident for an extended period of time already. The Rehab Unit must be ready to service those firefighters who remain on the scene performing these activities.

There are some factors to evaluate when determining which resources should be left within the rehab operation and which may be returned to service:

It is imperative that the people who remain within the rehab operation are qualified for the tasks that they will be expected to perform. When all other things are equal, those personnel who have been operating in the rehab operation the longest should be the first ones to be released from service. This helps avoid the chance of overextending the rehab personnel.

Personnel who are being released from performing rehab functions should be treated the same as any other personnel who were operating at the scene. Oftentimes personnel working in rehab have been performing those duties for an extended period of time and may be in need of rehab care themselves. Make sure that the rehab personnel are in good condition before they leave the scene.

Once it has been determined that the rehab operation can be shut down completely, the last personnel on the scene should police the area to ensure that all trash, medical supplies, and other debris created by the rehab operation are picked up and disposed of properly. All incident documentation, including medical evaluation and treatment reports, invoices for expendable supplies, and rehab accountability information should be turned in and filed according to Standard Operating Guidelines (SOGs).

## **Back at the Station**

All supplies should be inventoried and restocked. Any reusable equipment should be cleaned and sterilized according to standard operating procedures. Food handling and serving equipment must be cleaned and sterilized thoroughly according to local health department requirements. Any food that was prepared, but not served, should be disposed of in an appropriate manner. The apparatus should be readied for service, all supplies restocked, and they are available to initiate rehab operations at another incident when the next one occurs.