

Rehab

The Incident Commander (IC) at an emergency incident or training activity shall be responsible to consider the circumstances of each event and make adequate and early provisions to provide for the rest and rehabilitation of personnel.

Division Officers shall maintain an awareness of personnel operating within their span of control and ensure adequate steps are taken to provide for each person's health and safety. This includes ensuring that appropriate re-hydration and rest for their personnel is accomplished.

Each individual is additionally responsible for his/her preparedness prior to an incident, including sufficient rest prior to reporting for duty, re-hydration during warm weather, proper nutrition, proper dress and ensuring their PPE is in good working order.

During an emergency incident or training activity, all personnel are to advise their supervisor when they believe their level of fatigue or exposure to heat/cold is approaching a level that could affect themselves, their company, or the operation they are involved in. Officers shall assess their crew at least every 45 minutes. All individuals shall remain aware of the health and safety of others within their company.

Establishment of Rehab

The IC shall establish rehab when conditions indicate that rest and rehabilitation is needed for personnel working at an incident or training activity. Climactic or environmental conditions that indicate the need to establish rehab are a heat stress index above 90 degrees Fahrenheit or wind-chill index below 10 degrees Fahrenheit. Additional factors that should be considered in the need to establish rehab include:

- A. Time – including extended use of PPE and exposure to weather conditions
- B. Complexity – including crime scenes, special teams incidents
- C. Intensity – mental and/or physical stress at incidents such as major extrication, interior search and rescues, etc.

The Rehab Manager shall function within the incident command system and report to the Incident Commander (IC) or the Incident Safety Officer (if established).

Staffing of Rehab

Rehab shall be staffed by a minimum of one (1) BLS provider and will include a specialized rehab apparatus and/or ambulance. The minimum level of available care shall be BLS and the IC shall designate an EMT as Rehab Manager.

For incidents that escalate to a higher alarm, an Officer should be assigned to the Rehab Group if possible.

- A. Rehab shall be staffed with one (1) EMT or Paramedic for every 10 persons who are being concurrently rehabbed.
- B. Rehab shall maintain one (1) BLS or ALS ambulance for every 15 persons who are being concurrently rehabbed.

When a formal rehab group is being established, the use of designated rehab teams and resources should be notified as early as possible to allow for travel and setup time.

Site location and characteristics

The IC will normally designate the location for rehab. If a specific location has not been designated, the Rehab Manager shall select an appropriate location. Multiple rehab locations may be necessary if the incident is large or divided. In the event there is more than one location, it shall be given a geographic designation consistent with the location at the incident.

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Rehab should be in a location that will provide physical rest by allowing personnel to recuperate from the demands and hazards of the emergency incident or training activity. Specific criteria for selecting a rehab location include:

- A. Be far enough away from the scene that personnel may safely remove PPE and have their vital signs checked while receiving fluids and rest.
- B. Provide suitable protection from the prevailing weather conditions. During hot weather it should be in a cool, shaded area (if possible). During cold weather, it should be warm, dry area.
- C. Large enough to handle the needs of the incident.
- D. Easily accessible by ambulance.
- E. Enable personnel to be free from exhaust and apparatus, vehicles or equipment.
- F. Allow for prompt re-assignment by the Rehab Manager as determined by the IC.
- G. Should be marked using scene tape and provide a single entry / exit point.

Rehab efforts should include the following:

- A. Relief from weather conditions.
- B. Rest and recovery.
- C. Active and/or passive cooling or warming as needed.
- D. Re-hydration.
- E. Calorie and electrolyte replacement for longer duration incidents.
- F. Medical monitoring.
- G. Accountability.

Rehab period

- A. All personnel involved in emergency operations should be routinely evaluated in rehab. The following criteria should be used as a general guideline:
 - 1. After the use of two 30 or 45 minute SCBA cylinders
 - 2. After use of a single 60 minute SCBA cylinder
 - 3. After 60 minutes of intense work without SCBA

*However, extreme weather or strenuous working conditions may decrease the intervals.
- A. Members entering rehab shall rest for a minimum of 10 minutes. Members shall rest for a minimum of 20 minutes if meeting the above listed criteria. Personnel requiring rest for a period of greater than 30 minutes should be closely monitored for medical conditions. Those who exhibit problems with the baseline medical assessment after 30 minutes should be treated following EMS protocols and require additional EMS monitoring that could include transport to the hospital.
- B. Personnel requiring more than one hour of rest shall be released from duties at the scene and monitored by EMS and/or transported to the hospital.

Hydration

- A. Personnel should re-hydrate with at least 16 ounces of water during each SCBA cylinder change.
- B. For scheduled events, personnel should pre-hydrate with at least 16 ounces of water within two hours of the event.
- C. During heat stress, personnel should attempt to replace at least one (1) quart of water per hour. Plain water or commercially prepared beverages which replenish electrolytes are the preferred beverages for re-hydration during rehab. Caffeinated beverages such as coffee or tea to aid warming during cold weather may be consumed, but these should be used sparingly and are not to be considered as re-hydration.

Medical evaluation

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- A. EMS personnel assigned to rehab shall have the authority to use their professional judgment to keep members in rehab or to transport them for further medical evaluation or treatment. EMS personnel shall be alert for the following:
 - 1. Complaints of chest pain, dizziness, shortness of breath, weakness, nausea, or headache
 - 2. General complaints such as cramps, aches, and pains
 - 3. Symptoms of heat or cold related stress
 - 4. Changes in gait, speech, or behavior
 - 5. Changes in alertness and orientation to person, place, time
 - 6. Vital signs considered abnormal based on local EMS protocols
- A. Personnel who are symptomatic or with abnormal findings shall receive additional monitoring during rehabilitation.

Accountability

- A. Teams shall report to rehab using the department's accountability system. Assignment to rehab is to be considered an order similar to any other incident scene assignment.
- B. Personnel assigned to rehab shall enter and exit the rehab area as a company. The team designation, number of personnel, and the times of entry/exit shall be documented by the Rehab Manager.
- C. Teams shall not leave the Rehab area unless released by the Rehab Officer and shall then report to staging, Operations, or the IC.

Serious Injuries

If one or more of the team members suffer a serious or fatal injury during an incident, all members of the team shall be removed from the scene as soon as possible. Critical Incident Stress Debriefing or other mental health services shall be made available.

Documentation

- A. Any non-emergency injuries (sprain, strain, laceration etc.) treated in rehab other than fluids, food, and/or rest shall be documented. The employee will fill out a fire department injury report upon returning to quarters.
- B. All rehab evaluations shall be documented and kept with the incident reports on file.
- C. Any/all rehab reports involving mutual aid or automatic aid personnel shall be made available to their respective departments.

Rapid Intervention Crew

Definitions

Rapid Intervention Crew (RIC): A specifically designed team assigned to provide personnel for the rescue of members operating at emergency incidents if the need arises.

Qualified Firefighter: Any individual possessing a minimum of Firefighter 1 Certification and has completed the training requirements as established by the Department.

Establishing RIC

- A. A Rapid Intervention Crew (a minimum of 3 qualified firefighters) will be established when operations are being performed in an IDLH atmosphere as soon as practical.
- B. The establishment of a RIC is the responsibility of the Incident Commander and preferably will consist of more than the minimum of three members. The decision will be based on the following: