
	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i>	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>1 of 11</i>

I. Scope

This standard applies to all emergency operations and training exercises where strenuous physical activity or exposure to heat or cold creates the need for the rehabilitation of personnel. It was promulgated to; prevent injuries, illnesses, and deaths that may result from excessive fatigue and establish procedures for medical evaluation and treatment, food and fluid replenishment, and relief from extreme climatic conditions during emergency operations and prolonged training exercises.

II. Definitions

Working Incident – Defined by all incoming dispatched personnel will expect to be put to work.

III. Guideline

A. General



NFPA 1584 6.1.4 states “members shall undergo rehabilitation following the use of a second 30 minute self-contained breathing apparatus (SCBA) cylinder, a single 45 minute or 60 minute SCBA cylinder, or 40 minutes of intense work without SCBA. A supervisor shall be permitted to adjust the time frames depending upon work or environmental conditions.”

B. Staffing:

1. An Advanced Life Support (ALS) Medic Unit shall be initially dispatched on a “Structure Fire” assignment.
 - a) 1st Medic Unit – Provide emergency medical treatment and transportation and should be known as “EMS Group”.
 - b) When the EMS/transport medic is committed to a patient, another Medic unit shall be requested through Incident Command. Command may determine an additional unit is not needed if the incident does not warrant.
2. Upon the event becoming a “working incident”, a 2nd Medic unit shall be dispatched to the scene.
 - a) 2nd Medic/EMS Unit – Provide Rehabilitation of personnel and known as “Rehab Group”.
3. When Command determines that a Medic unit is needed to actively perform other higher priority needs, the Incident Commander shall request an additional Medic or EMS unit.
4. In order to maintain the appropriate span of control during major or complex operations, additional Paramedics and Advance Life Support (ALS) equipment may be required to adequately staff the EMS or Rehab Group,

C. Site Location

1. If not already established by Incident Command, the Rehab Group Supervisor shall be responsible for establishing a Rehab Area, and communicating that location to Incident Command.



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	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>2 of 11</i>

D. Rehab Site Characteristics:

1. The location should be:
 - a) Easily identifiable to all personnel and stationed in an environmentally protected area, up wind, away from adverse weather conditions and free from apparatus exhaust emissions, however, out of the direct line of sight of the incident to prevent responders from “migrating” back into the work zone prematurely.
 - b) Located safely away from the incident where crews can remove their protective clothing and have their vital signs monitored while receiving fluids and rest. The interior of an ambulance or similar vehicle may be used for this purpose.
 - c) Large enough to accommodate the needs of the incident.
 - d) Easily accessible by ingress and egress for transportation and re-supply.
 - e) In an area to allow for prompt re-entry to the emergency operations without possible interference of operations.

E. Phases of Rehab



1. **TRIAGE:** Entry into rehab area. This is where medical monitoring begins. Personnel will remove all protective clothing (weather permitting) and begin to rehydrate while medical monitoring is initiated with a RAD57 or Pulse Oximeter. Each individual’s name, truck assignment, heart rate, SpO2%, SpCO% and time in/out should be entered on the Rehab Group Check Sheet. If an individual enters REHAB exhibiting signs/symptoms (i.e. dizziness, chest pain, shortness of breath, etc.) he/she will be moved directly to MEDICAL REHAB. All other personnel will proceed to REHAB.
2. **REHAB:** Rest, rehydration, and medical monitoring. External cooling will begin along with rest and rehydration. Personnel will remain in REHAB a minimum of 10-20 mins. After ten minutes in REHAB, a second set of vital signs, with a RAD57 or Pulse Oximeter, SHALL be taken and recorded. If the V/S are not within normal limits (per V/S Parameters) after 10 mins, then a third set of V/S will be taken after 20 mins.of REHAB. If V/S are not within normal limits after 20 mins, then the individual(s) WILL be moved to MEDICAL REHAB. V/S must meet the V/S PARAMETERS before any personnel are permitted to leave REHAB and re-enter the incident for reassignment.
3. **MEDICAL REHAB:** If any personnel present with signs or symptoms, vital signs are not within normal limits (per V/S Parameters) after 20 mins. in REHAB or report an injury or chief complaint they SHALL be moved to MEDICAL REHAB and treated as a patient with assessment of all V/S including B/P, temperature and 12 lead EKG if necessary. Here the patient SHALL be reassessed and treated for their injury and/or chief complaint. The individual(s) should be transported to the nearest appropriate Emergency Department if deemed necessary by the Rehab Group. The Rehab Group Supervisor will

	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>3 of 11</i>

notify Incident Command of the patient’s status, and whether they will be transported for further care. If at any point the individual(s) refuses further assessment or treatment, a Refusal of Treatment form must be signed and the Rehab Group Supervisor will notify Incident Command.

F. Rehab Operations

1. The Rehab Group Supervisor shall have the responsibility of securing all necessary resources required to adequately staff and supply the Rehab Group. A list of supplies should include:
 - a) Fluids: Water, activity beverage, oral electrolyte solutions, and ice (avoid fluids high in salts and sugars).
 - b) Food: Soup, broth, stew, fruit (avoid salty or fatty foods)
 - c) Medical: BP cuffs, stethoscopes, oxygen administration devices, cardiac monitors, RAD 57, IV solutions and thermometers.
 - d) Minor cooling equipment: Towels, blankets, tubs for arm submersion (Good for personnel that are on the borderline of needing evasive cooling).
 - e) Items needed for large scale incident: Awnings, fans, tarps or salvage covers, smoke ejectors, dry clothing, extra equipment, portable lighting, traffic cones and fire-line tape (to identify the entrance and exit of Rehab).
2. All emergency personnel involved in operations should be routinely evaluated at Rehab (including all group and command officers). Company Officers, Group / Division Officers, Safety Officers, and the Incident Command shall determine when crews are to be rotated through the Rehab Group. In most cases this shall occur at thirty to forty-five minute intervals. During extreme weather or strenuous working conditions, this shall occur at twenty to thirty-minute intervals, or more often if deemed necessary. Crews shall report to Rehab Group utilizing the Passport Accountability system.
3. Once in Rehab, crews shall immediately begin to hydrate. (Hydration shall consist of water or a 50/50 water/sports drink mix). Crews reporting to rehab will remove their SCBA, helmet/hood, face piece, gloves, and jacket and open their bunker pants. The Rehab Group will immediately begin monitoring the V/S, with a RAD57 or Pulse Oximeter, of each member entering the Rehab Area.
4. V/S will be checked and recorded. At least two sets of vital signs shall be taken on all personnel. The Rehab Group shall report complaints, observe skin conditions, evaluate respirations, heart rate, SpO2% and SpCO%. Medical monitoring should begin as soon as possible. After 10-20 minutes of rest and a satisfactory evaluation, the crews shall be released by the Rehab Officer to return to the personnel staging area unless immediately needed for the incident. Individual companies and crews are responsible for letting Incident Command know when they are available for reassignment.

	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>4 of 11</i>



5. Any person complaining of chest pain or shortness of breath, or found to have abnormal V/S, after twenty minutes in REHAB (see V/S Parameters), or any other emergent condition SHALL be removed from active duty for further evaluation. In these cases treatment shall be initiated and EMS guidelines shall be followed per local protocol. Incident Command and Safety Officer shall be immediately notified.
6. NFPA 1584 6.1.3 states “emergency medical services (EMS) staff in rehabilitation shall have the authority, as delegated from the incident commander, to use their professional judgment to keep members in rehabilitation or to transport them for further medical evaluation or treatment.”
7. The Rehab Group Supervisor shall ensure that at least one ALS medic unit is always dedicated to the Rehab Group for transport of personnel. Additionally, the Rehab Group Supervisor shall contact DELCOMM for current weather conditions when necessary. Updates should be obtained every four (4) hours, or as needed.

G. Documentation



1. All documentation, once completed shall be provided to the jurisdiction holding authority. The names of all personnel passing through Rehab, as well as all pertinent data, shall be recorded on the Rehab Group Check Sheet. This document shall become part of the permanent record of the incident. For all situations where medical treatment beyond normal Rehab was initiated, the appropriate EMS report(s) shall be utilized following EMS Guidelines. For those situations when a responder or officer fails to meet the criteria for release from Rehab, yet returns to duty on the incident scene, notification shall be made to his/her immediate supervisor and Incident Command. Should anyone involved in the incident refuse Rehab and/or treatment, that person’s immediate supervisor and Incident Command shall immediately be notified of their disposition. Anyone refusing Rehab and/or treatment shall not be permitted to continue working at the incident. Incident Command shall document this situation and provide formal notification to that person’s Chief after the Incident.

H. Points To Remember

1. Companies shall be cycled through Rehab on a regular basis.
2. Assigned companies shall stay together.
3. Crews at Rehab shall receive fluids, medical evaluation, and rest.
4. Use of ANY tobacco products in Rehab shall be **STRICTLY PROHIBITED**. This includes use by the Rehab Group crews.
5. All officers/groups shall maintain an ongoing awareness of the condition of their personnel and use Rehab to combat excessive fatigue and exhaustion.
6. Rehab Group crews must never forget to rehab themselves.
7. Personnel not directly involved in the incident still need to be evaluated on a regular basis as deemed necessary by Incident Command or the Safety Officer.

	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>5 of 11</i>



8. Individuals are to drink 8 ounces of fluids for every 20 to 30 minute period of heavy or moderate work. Fluid should be water or a water/sports drink mix. Fluids with sugar and/or salt tablets are not to be used.
9. The Rehab Group Supervisor will update command throughout the operation as to the identity of companies in Rehab. Companies reporting to Rehab shall first report to the Rehab Group Supervisor and present their passports.
10. Rehab V/S Parameters: (for release from rehab)
 - a) Heart Rate < 110 bpm
 - b) SpO2 > 92% on room air.
 - c) SpCO ≤ 5%
 - d) No symptoms: confusion, headache, chest pain, abdominal pain, dizziness, blurred vision, etc.
 - e) Personnel must have received appropriate hydration
11. If these parameters are not met after twenty minutes in REHAB then the individual shall be taken to MEDICAL REHAB for treatment and/or transport according to local protocol.
12. Medical Rehab V/S Guideline:
 - a) A complete set of vital signs, including temperature and 12 lead EKG if needed, shall be obtained on personnel sent to MEDICAL REHAB. The following criteria shall serve as a guideline for transportation of personnel to a hospital for further evaluation:
 - b) Hypertension/ hypotension after 20 mins. of rest and fluids.
 - c) Any symptomatic patient regardless of blood pressure
 - d) Heart rate > 110 or < 60 with accompanied hypotension after 20 mins. of REHAB
 - e) If heart rate > 110 bpm after 20 mins. of REHAB, it is recommended oral or tympanic temperature be taken. If body temperature is > 100.6° F, the firefighter should not be permitted to wear protective equipment or re-enter the active work environment until his/her temperature and heart rate has decreased. If his/her temp is > 101.0° F the individual will not be permitted to return to duty for the remainder of the incident and should be considered for transport to the closest Emergency Department.
 - f) Measure Carboxyhemoglobin if not already measured in REHAB. Consider transport if the individual(s) shows signs/symptom or levels indicate CO poisoning.
 - g) Visual observations should be made of the following:
 - (1) *Skin Condition*

	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>6 of 11</i>

- (a) May be somewhat flushed on arrival
- (b) Should be improved within 5 min. of arrival
- (c) If skin remains flushed, check temperature
- (2) *Mental Status*
 - (a) Should be alert & oriented on arrival
 - (b) If any alteration of mental status, TRANSPORT
- (3) *History / Meds*
 - (a) Antihistamines (Actifed, Benadryl, etc.) may impair the body's ability to sweat.
 - (b) Beta blockers and Calcium Channel blockers impair the body to compensate overheating.
 - (c) History of cardiac, respiratory, or hypertension problems should be considered when evaluating personnel.



SpCO%	Clinical Manifestations
0-4%	None - Normal
5-9%	Minor Headache
10-19%	Headache, Shortness of Breath
20-29%	Headache, Nausea, Dizziness, Fatigue
30-39%	Severe Headache, Vomiting, Vertigo, ALOC
40-49%	Confusion, Syncope, Tachycardia
50-59%	Seizures, Shock, Apnea, Coma
60% - Up	Coma, Death

Carboxyhemoglobin Levels (Rad57)



	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>7 of 11</i>

I Rehabilitation Procedures



1. The incident commander shall evaluate the circumstances at each incident and shall make early, adequate provisions for the rest and rehab of all members working at the scene. These provisions include:
 - a) Medical evaluation.
 - b) Treatment and monitoring.
 - c) Food and fluid replenishment.
 - d) Mental rest.
 - e) Relief from extreme climatic conditions and other environmental factors present at the incident.
2. The Rehabilitation Form shall be completed for all incidents. The log shall be submitted to the incident commander to be attached to the incident report. The Medical Unit area should be placed in a location that allows members to physically and mentally rest and recuperate from the stress, pressure, and demands of the emergency operation or training evolution. The Medical Unit area should also be located far enough away from the incident scene to allow members to safely remove their protective clothing and SCBA.
3. The Medical Unit area should be located in an area that provides suitable protection from the prevailing environmental conditions. If possible, the area should be in a cool, shaded area during hot weather and in a warm, dry area during cold weather.
4. During prolonged incidents, strenuous training sessions, and periods of extreme heat or cold, the incident commander shall ensure that a Medic unit is provided to serve as a rehab unit and shall appoint a Medical Unit Leader to manage the rehabilitation of the firefighters. In large incidents, consideration should be given to utilize a bus or facility in the area.
5. The Medical Unit area should be large enough to accommodate multiple crews and should allow for expansion or contraction as the size of the incident varies.
 - a) The Medical Unit area should be easily accessible by EMS units and other support vehicles. The following areas should be considered when selecting a site for the rehab sector:
 - (1) A nearby garage, building lobby, or other structure.
 - (2) At least two floors below a fire in a high-rise building.
 - (3) A large climate-controlled vehicle such as a school or transit bus.
 - (4) Fire apparatus, ambulances, or other emergency vehicles at the scene or called to the scene.
 - (5) An open area in which a rehab site can be created by using tarps, fans, etc.
 - (6) At an industrial site, the rehab sector shall be placed outside the fenced compound area.

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	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>8 of 11</i>



- b) The Rehab Group or Medical Unit Leader shall secure all the resources required to adequately staff and supply the rehab sector. The supplies may include the items listed below:
 - (1) Fluids such as water, activity beverage, Gatorade, and ice.
 - (2) Food such as soup, broth, or stew in hot/cold cups.
 - (3) Medical equipment such as blood pressure cuffs, stethoscopes, oxygen administration devices, cardiac monitors, intravenous solutions, and thermometers. (Medical supplies may be furnished by the ambulance assigned to the rehabilitation sector.)
 - (4) Other items such as awnings, fans, tarps, smoke ejectors, heaters, dry clothing, extra equipment, floodlights, towels, traffic cones, and fire line tape (to identify the entrance and exit of the rehabilitation area).
6. The establishment of a Medical Unit shall be considered during the initial planning stages of an emergency response. The climatic or environmental conditions of the emergency scene should not be the sole justification for establishing a Medical Unit. Any activity or incident, whether emergency or non-emergency, that is large in size, long in duration, and labor intensive will rapidly deplete the energy and strength of personnel.
7. A critical factor in the prevention of heat stress injury is the intake of water and electrolytes during periods of intense physical activity. Adequate fluid intake is important even during cold weather operations.
8. Despite outside temperatures, heat stress injuries may occur during firefighting or other strenuous activity anytime that protective clothing and equipment are worn.
9. Individuals should avoid caffeinated and carbonated beverages because both interfere with the body's water conservation mechanisms. Certain drugs also impair the body's ability to sweat. Use caution if a member has taken antihistamines, diuretics, or stimulants.
10. If the duration of an incident extends through regular mealtimes or is greater than three (3) hours, the department shall provide food to personnel at the scene whenever it is possible to do so. Food may be charged to the department at certain stores. The department may also request Box-15 or the Red Cross for assistance.
11. Forty-five minutes of work time is generally recommended as an acceptable level of work prior to mandatory rehabilitation.
 - a) Personnel having worked through two full 30-minute-rated SCBA cylinders, or for 45 minutes, shall be rotated to the rehabilitation sector for rest and evaluation.
 - b) In all cases, an objective evaluation of a member's fatigue level is the appropriate criterion for determining if rest is required. Rest periods for personnel in the rehab sector shall be at least 10 minutes or greater.

	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>9 of 11</i>

- c) Crews sent to rehab should be replaced by fresh crews from the staging sector. This procedure ensures that fatigued individuals do not return to work before they are rehabilitated.
- 12. Personnel should not be removed from a hot environment and placed directly into an air-conditioned environment because the body's cooling system may shut down in response to the external cooling. An air-conditioned environment is acceptable only after a cool down period at ambient temperature with sufficient air movement.
- 13. EMS at the advanced life support level will be provided at each incident. EMS personnel (paramedics) will evaluate the vital signs and the physical condition of personnel as they are rotated through the Medical Unit.
 - a) EMS personnel will determine whether personnel will be allowed to return to work, remain in rehab, or receive further medical treatment and be transported to a medical facility for further evaluation.
 - b) Continued rehabilitation consists of the ongoing monitoring of vital signs, rest, and fluid intake. Medical treatment for personnel whose signs and symptoms indicate potential problems will be provided in accordance with local medical control procedures. EMS personnel will be aggressive in determining that potential medical problems exist.
- 14. When working crews arrive at the Medical Unit, each person's vital signs shall be taken and recorded. The following criteria's are used in the evaluation of fireground personnel during a fire or EMS incident and warrants a medical report:
 - a) Transportation to the hospital is required when the diastolic blood pressure is ≥ 130 .
 - b) Transportation to the hospital is also required when the diastolic blood pressure is ≥ 110 and the individual is symptomatic
 - c) An individual may be transported to the hospital for further evaluation when the diastolic blood pressure is ≤ 110 and the individual is symptomatic.
 - d) The individual may be transported when the systolic blood pressure ≥ 200 and after further evaluation and rest the systolic blood pressure is still ≥ 200 .
 - e) When a pulse rate of ≥ 140 is found, administer oxygen and fluids, rest for a minimum of 10 minutes, and reassess the individual. If the heart rate is less than 140, the individual may return to work.
 - f) If after 10 minutes the heart rate still remains above 140, the individual must rest for an additional 30 minutes. Administer fluids and oxygen, and record the heart rate and rhythm on a cardiac monitor and obtain an EKG printout.
 - g) If after 30 minutes the pulse rate remains above 140, transport the member to a medical facility for further evaluation.

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	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>10 of 11</i>

15. All medical reports shall be properly recorded by the paramedic, along with the individual's name and chief complaints.
16. Members sent to Medical Unit shall enter and exit the rehab sector as a crew. The crew designation, number of crew members, and times of entry to and exit from the rehab sector shall be documented by the rehab officer. Crews shall not leave the Medical Unit until released by the rehab officer.
17. Heat Stress Index
Temperature Of Danger Injury Threat Category
 - (1) Below 80°F None Little or no danger under normal circumstances.
 - (2) 80°F-90°F Caution Fatigue possible if exposure is prolonged and there is physical activity.
 - (3) 90°F-105°F High Heat cramps and heat exhaustion possible if exposure is prolonged and there is physical activity.
 - (4) 105°F-130°F Extreme Heat cramps or exhaustion likely; heat stroke possible if exposure is prolonged and there is physical activity.
 - (5) Above 130°F Mortal Heat stroke imminent!
Add 10°F when protective clothing is worn and add 10°F when in direct sunlight.
18. Windchill Index
Windchill Temperature Of Danger
 - (1) Above 25°F-Little danger for properly clothed person.
 - (2) 25°F to -75°F-Increasing danger, flesh may freeze.
 - (3) Below -75°F-Great danger, flesh may freeze in 30 seconds.
Add 10°F when protective clothing is worn and add 10°F when in direct sunlight.
19. Medical Unit Area
 20. Extensive fire and/or rescue operations can affect the physiological condition of emergency personnel. Command officers operating on an incident must maintain an awareness of the condition of the personnel working under them, and initiate the establishment of a Medical Unit to prevent excessive fatigue and exhaustion. The Rehab Group/Medical Unit Leader is responsible for providing an organized response to the rehabilitation needs of the personnel operating on an incident.
 21. A Medical Unit may be established whenever deemed appropriate by the IC to meet the needs of operational personnel. The major factors of consideration shall be to provide for medical evaluation, food and fluid replacement, and protection from the elements for those personnel engaged in incident operations. However, a Medical Unit shall be established early during an incident whenever extreme conditions exist.

	Fire Department Manual: <i>Incident Operations Manual</i>	Approved by: <i>John L. Donahue</i> <i>Fire Chief</i> 	Initial Issue Date: <i>August 1, 2008</i>
	Subject: <i>#3.1.10 – Incident Scene Rehabilitation and EMS</i>		Last Revision Date: <i>September 2, 2019</i>
	Formerly SOP #3.1.2.11		Page: <i>11 of 11</i>

22. The Rehab Group/Medical Unit Leader shall ensure that personnel are rehabilitated within the parameters and criteria outlined in the rehabilitation procedure.