

SUBJECT: Firefighter Rehabilitation
POLICY NUMBER: 300.003
CATEGORY: Safety
EFFECTIVE DATE: 05/11/20 (Revised)

APPROVED BY:

Brad White

Brad White, Chief

Policies and procedures may be changed if they are determined to be ineffective

PURPOSE

OFR shall utilize and comply with the procedures established in O'Fallon EMS policy 508 – Firefighter Rehabilitation.

It is the policy of OFR and OEMS that no member will be permitted to continue emergency operations beyond safe levels of physical or mental exertion. The intent of the Rehabilitation Unit is to prevent the risk of injury that may result from extended field operations under adverse conditions.

POLICY

The Rehabilitation Sector, radio designation REHAB, will be used to evaluate and assist personnel who could be suffering from the effects of sustained physical or mental exertion during emergency operations. Rehab Sector will provide a specific area where personnel will assemble to have:

1. Assessment of vital signs
2. Revitalization - rest, hydration, refreshments, and temperature regulation
3. Medical evaluation and treatment of injuries, if needed
4. Transportation for those requiring treatment at medical facilities
5. Reassignment as needed

REHAB DUTIES

A Rehab Unit concept will be used wherever possible to establish and manage the Rehab Sector. This unit shall consist of:

1. Rehab Sector Officer
2. ALS ambulance.

The Rehab Sector should be in setup in an easily accessible area for the OFR crews. It is the responsibility of the Rehab Sector Officer and/or Command to determine additional resources for the sector.

An ALS ambulance will be dispatched on all BOX Alarms and greater incidents. It will be the responsibility of the Incident Commander to make an early determination of incidents requiring Rehab Sector.

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Incident commander may request city buses or Metro Link buses to the incident scene to provide heating, cooling or shelter.

It may be necessary to establish more than one Rehab Sector. When this is done, each sector will assume a geographic designation consistent with the location at the incident site, i.e. Rehab South, Rehab North.

The Rehab Sector area boundaries will be defined and will have only one entry point.

The Rehab Sector Officer will direct the crew on arrival; however, it is the Company Officer's responsibility to make sure crew members receive refreshments, treatment if required, and rest and a medical clearance prior to re-assignment or return to duty.

The Rehab Sector Officer is responsible for the accountability of crews assigned to Rehab Sector. All personnel leaving Rehab will retrieve passports from the Rehab Sector Officer. Members assigned to Rehab report back to Resources / Staging after being cleared by Rehab.

The Rehab Sector Officer will update Resources/Staging/Safety throughout the operation with pertinent information including:

1. Identities of companies in Rehab,
2. Companies available for reassignment
3. Status of injured personnel off the tactical channel

REHAB FUNCTIONS

Function A: Assessment. This is the initial entry point and assessment area.

- (a) Members arriving at the entry point will remove their Personal Protective Equipment prior to entry.
- (b) Rehab Sector is responsible for the continuation of Accountability and will assign a member to collect passports from crews and take a pulse rate on all crew members.
- (c) The purpose of this area is to identify any member who may need more attention than just a recovery period.
- (d) If a member enters with no symptoms of overexertion and vitals in normal range, may return to duty without further evaluation after REHAB.
- (e) Any member who has a pulse rate greater than 120 will be recorded and tracked thru the rehab sector.

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- (f) The member will proceed to rehydrate and rest with their crew members and be reevaluated for pulse rate after 20 minutes.
- (g) If a member enters Rehab with ALOC or irregular heartbeat they will immediately receive ALS treatment.
- (h) If after 20 minutes of rest and hydration the members pulse is still above 120 bpm or signs and symptoms of dehydration then they will receive ALS interventions based on guidelines of Section C.

Function B: Hydration and Replenishment.

Based on incident type or climate conditions, Rehab personnel will provide:

1. Supplemental cooling devices (active and/or passive cooling) or warming, as needed
2. Fluid and electrolyte replacement
3. Proper amount of nourishment

Function C: Medical Treatment and Transport.

ALS ambulance crews will manage this function.

1. Fire personnel will receive an evaluation and treatment for over exertion and injuries.
2. The crews assigned will follow standard ALS Protocol
3. Advise the Rehab Sector Officer of the need for medical treatment and / or transportation requirements of personnel due to physical condition.

Function D: Documentation.

Time-in and time-out.

1. Members/crews entering or leaving the rehabilitation area shall be tracked with vital signs.
2. Any member requiring further evaluation beyond 20 min will be documented on an EMS patient care report.
3. Where emergency medical care is provided, an EMS Patient Care Report shall be generated.

MEDICAL STANDARDS

Vital Signs & Assessment Standards for REHAB.

1. **Rehab Assessment Standards:** The ALS crew in this section will pay close attention to the members

I. Physical Observations:

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- (a) Personnel complaining of chest pain, dizziness, shortness of breath, weakness, nausea, or headache.
- (b) General complaints such as cramps, aches and pains, rate of perceived exertion
- (c) Symptoms of heat or cold related stress
- (d) Changes in gait, speech, or behavior
- (e) Alertness and orientation to person, place and time
- (f) Skin Color
- (g) Obvious Injuries

II. To be reassigned members must have:

- (a) A heart rate below 110 bpm with no irregular beats
- (b) Systolic BP below 150 Diastolic BP below 100
- (c) Respiratory rate <26 per minute
- (d) No abnormal neurological findings.
- (e) Temperature <100.6
- (f) No medical complaints

2. Vital Sign Standards

I. Heart Rate Values (HRV): Normal resting pulse rate is between 60 and 110 bpm.

- (a) At no time will an emergency responder be allowed to return to duty until the pulse rate is below 110 beats per minute after 20 minutes of rest.
- (b) Members with a HRV over 100 BPM after 20 minutes will receive ALS evaluation and treatment per standard medical protocol.

II. Respiratory Rate (RR): Normal value is a rate between <26 breaths per minute

- (a) Before personnel are returned to duty they should have a respiratory rate that falls within normal values.
- (b) Persons with a persistent respiratory rate greater than 26 breaths per minute after 20 minutes of rest shall receive ALS evaluation and treatment per standard medical protocol.

3. Blood Pressure (BP): Upon recovery in rehabilitation a blood pressure should return to, or even be slightly lower than their baseline.

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- (a) Personnel with a systolic pressure greater than 150 and / or a diastolic greater than 100 after 20 minutes in Rehab must go thru an ALS evaluation.
- (b) Rehab sector will follow appropriate treatment protocols based on the findings of the ALS evaluation

4. Neurological Assessments

- (a) Personnel not alert and oriented to person, place or time, exhibit changes in gait, speech or behavior, and/ or other persistent abnormal neurological findings shall receive ALS evaluation and treatment per ALS protocols without waiting for the above mentioned 20-minute rest.

5. Skin and Body Temperature: The following skin symptoms require additional evaluation.

- (a) Heat Stress-Personnel with skin that feels hot to the touch, dry, red, bumpy rash or is blistering.
- (b) Cold Stress- When skin is pressed turns red then purple, then white and is cold, looks waxy, feels numb or has a prickly sensation are experiencing signs of frostbite.
- (c) Body Temperature- For personnel with body temperatures greater than <100.6 after 20mins may not be returned to duty and will be transported to a hospital for further evaluation.
 1. Oral measurements are approximately 1.0 degree F or 0.55 degree C lower than the normal Core Body Temperature.
 2. Oral Temperatures are subject to error with tachypnea / hyperventilation.
 3. Tympanic Measurements may be up to 2.0 degrees F or 1.1 degree C lower than core body temperature.)
 4. Cooling measures as appropriate should be implemented

6. Pulse Oximetry

- (a) Values must be above 92% or personnel will not be allowed to return to operations.
- (b) Persons with a persistent pulse oximetry value below 92% after 20 minutes of oxygen therapy and rest will receive ALS evaluation and treatment per standard medical protocol.
- (c) High readings may also be indicative of Carbon Monoxide saturation.

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7. **Blood Glucose/Sugar (BGS)**

- (a) If abnormal, treat as per PFD protocol.
- (b) Will be assessed whenever abnormal neurological findings are observed.

8. **Electrocardiogram (EKG) Monitoring and 12 Lead EKG**

- (a) Responders with a persistent heart rate over 100 BPM after 20 minutes of rest shall receive a 12 lead EKG,
- (b) ALS evaluation and treatment as needed.
- (c) Members with an irregular pulse will require ALS Treatment regardless of time in Rehab sector.

9. **The following must be transported**

- (a) Chest pain
- (b) Dyspnea
- (c) Cardiac rhythm other than normal sinus rhythm or sinus tachycardia
- (d) Syncope
- (e) Not tolerating fluids
- (f) Patients exhibiting carbon monoxide poisoning
- (g) Environmental emergencies
- (h) Patient with abnormal medical assessment after 30 minutes in Rehab
- (i) Any OFR personnel as directed by an OFR Chief or Company officer