



Emergency Scene Rehabilitation Regional Procedure

Adopted by:
WCFCA
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PURPOSE

To provide for the physical well-being and medical monitoring of Emergency Response Personnel, hereafter referred to as “personnel”.

BACKGROUND

The Emergency Scene Rehabilitation is of paramount importance to the health and well being of personnel operating at emergency scenes and training evolutions. This regional policy is designed to provide a standardized approach to rehabilitation across the county and provide direction for Williamson County EMS and all First Responder organizations(FRO's). This policy draws its procedures directly from NFPA 1500, 1561, 1584 and the recommendations of the IAFF and IAFC.

DEFINITIONS

Rehabilitation (Rehab) – an intervention designed to mitigate against the physical, psychological, and emotional stress of firefighting in order to sustain a member’s energy, improve performance and decrease the likelihood of on-scene injury or death.

Rehab Sector – A location at the event and within the Incident Management System designated by the IC or Rehab Sector Officer, used for the physical rest, medical monitoring, and other support needs of personnel involved in incident mitigation.

Rehab Ambulance – A Williamson County EMS (WCEMS) medic unit(s) that is assigned to the event. This unit shall have the responsibility for Medical Monitoring.

Rehab Sector Officer – Person responsible for managing the Rehab Sector, usually the lead medic on the first arriving unit. This person will be appointed by the Incident Commander, and reports to the on-scene Medical Branch Director, Medical Unit Leader or in the absence of those two positions, the Incident Commander.

Recycling – completed near the incident, by the personnel themselves. It is short in duration and these personnel return to work quickly after replacing an SCBA bottle and getting water and new orders from their supervisor.

Active Rehab – completed in the Rehab Sector. Personnel remove their PPE, undergo Medical Monitoring, and rest and recuperate until they are prepared to be released by the Rehab Sector Officer.

Medical Monitoring - The ongoing evaluation of personnel who are at risk of suffering adverse effects from stress or from exposure to heat, cold, or hazardous environments

PROCEDURES

Operating at Incident Scenes and Training Exercises:

- The Incident Commander shall consider the circumstances of each incident and initiate rest and rehabilitation in accordance with this policy.
- On scene re-habilitation shall include at least basic life support care.
- Each member operating at an incident shall be responsible to communicate rehabilitation and rest needs to their supervisor.
- Company officers shall continuously assess their crew at least every 45 minutes and more frequently when working in extreme conditions to determine their need for rehabilitation.
- Members shall undergo rehabilitation following the use of a second 30-minute or 45-minute self-contained breathing apparatus (SCBA) cylinder, a single 60-minute SCBA cylinder, or 40 minutes of intense work without SCBA.
- Members entering rehabilitation for the first time shall rest for a minimum of 10 minutes and longer where practical.
- Members shall rest for a minimum of 20 minutes following the use of a second 30-minute or 45-minute self-contained breathing apparatus (SCBA) cylinder, a single 60-minute SCBA cylinder, or 40 minutes of intense work without SCBA.
- Personnel shall not be permitted to use more than two SCBA cylinders before they are sent to rehabilitation.

Establishment of the Rehab Sector

The Rehab Sector should be established by the Incident Commander as a function of Incident Management. Responding WCEMS Medic units and Commander(s) should be utilized to assist in establishing and managing the Rehab Sector. Incident Commanders should establish a Rehab Sector during events that are encountered when prevailing environmental conditions are difficult, events will be extended in duration, or events require personnel to utilize SCBA / Structural PPE for mitigation.

Location of the Rehab Sector

The location of the Rehab Sector will be designated by the Incident Commander or the Rehab Officer. The location for the Rehab Sector must meet the following criteria:

- Be sufficient distance from the effects of the operation that members can safely remove their PPE and can be afforded physical and mental rest.
- Include an area where members can remove and leave their PPE prior to entering the designated rehab area
- Provide protection from prevailing environmental conditions
- Be free from exhaust fumes from apparatus, vehicles or equipment
- Be large enough to accommodate multiple crews and rehabilitation personnel, based on size of the incident
- Include a medical monitoring and treatment area
- Allow access to transport members to medical treatment facility where required

Rehab Accountability

The Rehab Officer is responsible for accountability of personnel and their operational status while they are in the Rehab Sector. All personnel in the Rehab Sector must be accounted for. The following will be recorded for all personnel entering the Rehab Sector:

- Name
- Unit
- Home Department
- Arrival Time in Rehab
- Rehab Status

Active Rehab, & Medical Monitoring Exclusion Criteria

WCEMS SOG #1.39, Emergency Incident Rehabilitation and Medical Monitoring, provides the guide for Rehab Sector personnel to follow during Active Rehab. Additionally, it provides “exclusion criteria” that shall prevent the Rehab Personnel from releasing the member back to incident mitigation tasks.

Personnel meeting the above NFPA criteria will be sent to the Rehab Sector for Active Rehab and Medical Monitoring.

- Active rehab
 - Crews entering rehab may be offered the following sustainment therapies if available:
 - Hydration via bottled water
 - Cooling via climate control and/or cool damp rags
 - Oxygenation via NRB for 5 minutes followed by a 10-minute evaluation period if the responder meets the following criteria:
 - Initial CO reading of 5-10 (10-15 in smokers), asymptomatic, and responder elects to participate
 - In support of Active rehab, FRO should provide supplies i.e. O2 cylinders, NRBs
 - FRO is responsible for replacing supplies utilized during active rehab
- **Medical monitoring exclusion criteria**
 - Personnel will be recommended for temporary exclusion from operations and rest for a minimum of 20 minutes for vital signs outside of the following parameters:
 - Systolic BP > 160mmHg or < 100mmHg
 - Diastolic BP > 100mmHg
 - Pulse > 120bpm
 - Temperature > 100.6°F
 - Rehab Sector will closely monitor these personnel with frequent re-assessment of vital signs and pertinent negatives; if vital signs do not return to within normal parameters, these personnel will be sent to the Medical Sector for further evaluation and treatment
 - Personnel will be recommended for exclusion from operations and sent to the Medical Sector for treatment and transport PRN for the following:
 - Systolic BP > 200mmHg or < 90mmHg
 - Diastolic BP > 110mmHg
 - Pulse > 150bpm or irregular without prior history
 - Respirations > 32bpm
 - Temperature > 100.6°F after twenty minutes of rest and cooling
 - Carbon monoxide (CO) >10% after twenty minutes of high flow O2 and/or signs/symptoms of CO poisoning
 - Any abnormal findings of the pertinent negatives

DOCUMENTATION AND RECORDS

Documentation and records will be recorded by the medical ambulance crew providing rehab. These records are HIPAA protected and organizations wishing to obtain their personnel's rehab records shall provide Williamson County with signed medical release forms for all of their personnel records being requested, and shall submit a formal records request through the EMS custodian of records. If rehabilitation is provided by an organization other than Wilco EMS, the same process should be followed for that organization.