1.0 Purpose

The purpose of REHAB is to ensure the safety of members based on mental and physical parameters. Emergency operation, when combined with hot or cold, place the human body under extreme stress.

All chiefs, company and rescue officers have a personal responsibility for the welfare of all fire, EMS and fire police members and shall remain aware of their physical conditions will operating at a fire, rescue or training scene. This policy shall be in compliance with NFPA 1584.

Rotation, relief and care of personnel during the operation are essential elements of good management.

When members have been engaged in operations that are unusually demanding, officers shall personally evaluate the member's conditions. Rehab shall concentrate on five elements:

1. Medical evaluation & treatment
2. Food & fluid replenishment
3. Relief from climatic conditions
4. Rest & recovery
5. Accountability

2.0 **RHAB Unit – 2-8-55**

The REHAB Unit carries supplies needed to operate at incident scenes as a rehabilitation and recuperation vehicle. The supplies include:

- Water
- Sports drinks/electrolyte fluids
- Warm no-caffeinated beverages during cold weather
- Ice packs
- Towels/Cooling towels
- Blankets
- Coolers
- Portable chairs
- Tent
- Medical supplies
    - Blood pressure cuffs
    - Thermometer
    - IV supplies
- Fans/Misting Fan
- Blankets
- Portable light
- Table
- Extension cords

- Sun block/bug repellent
- Firefighter gloves

2.0 REHAB Unit Activation

The Rehab Unit shall respond to all structural fire, large brush fires and emergencies when the Incident Commander recognizes the need for REHAB.

Prior to leaving the stations, personnel shall fill the coolers with ice. Extra buckets of ice should be included to replenish the coolers.

3.0 REHAB Unit Staging

If the REHAB area is not designated by the IC, stage the REHAB Unit:

- Remote from the scene for safety
- Upwind from smoke, water runoff, toxic fumes, vehicle exhaust or dangerous conditions
- In an area large enough for tents, medical equipment, chairs, and a place to allow members to remove fire gear & SCBAs
- Accessible for medical transport.
- When possible, 2 ambulances shall stage near the REHAB Unit for medical supplies and transport.

4.0 REHAB Officer

4.1 The **REHAB Officer** is the individual who is in charge of the rehab operation and maintains the **REHAB Incident Log**, and the Accountability Tags & Tag Board if used.

4.2 The **REHAB Officer** is the highest ranking Rescue officer on the scene who is not actively engaged in the immediate treatment of any injured member or civilian.

4.3 If no Rescue officer is at the scene the highest medical certification shall assume the role of **REHAB Officer**.

4.4 The **REHAB Officer** will report directly to the **IC**, and maintain direct supervision of the rehab sector.

5.0 REHAB Operations

REHAB IS REQUIRED WHEN 2 SCBA BOTTLES HAVE BEEN CONSUMED OR 45 MINUTES TOTAL WORK TIME

- At least one EMT must be present in the REHAB area at all times.
- All members entering the REHAB area are entered into the REHAB Incident Log. The REHAB Accountability Tags and Tag Board may be used for large incidents.
- A PCR is not required unless the member needs transport for medical treatment.

Oral temperature must be taken prior to drinking any fluids

- All firefighting or EMS gear should be removed.
- An EMT shall take vital signs, including blood pressure, oral temperature, and pulse, and record it in the REHAB Incident Log
- Observe all personnel for behavioral changes, such as change in affect, loss of motor coordination/dexterity, or emotional decompensation, or any signs of altered mental status. If any of these are observed, the member shall be transported to the nearest hospital for treatment.

Vital Signs	**Limit**
BP Systolic	>90 and <160
BP Diastolic	> 110
Pulse	< 110
Oral Temperature	< 100.6

- If Vital Signs are outside this range, send the member to Rehab/Rest for 10 minutes, fluids, cool towels (or warm blankets), rest and re-evaluate after 10 minutes.
- If the Vital Signs are still outside this range after the second 10 minute rest/rehab, the decision will be made by EMS personnel for additional rest, or transport to a health care facility
- Members with Vital Signs within the limits after a 10 or 20 minute rest may return to work. The disposition shall be noted in the REHAB Incident Log.
- Members complaining of headache should be tested for blood CO using the Rad-57 or LifePak.

MEMBERS SHOULD BE TAKEN OUT OF SERVICE IMMEDIATELY, TREATED & TRANSPORTED TO THE NEAREST E.D. WHENEVER:

· Signs/symptoms of heat stroke
· Altered mental status of any kind
· Oral temp. > 101.0 F.
· Irregular heart beat
· Chest pain
· Continued shortness of breath following rest
· Pulse > 150 @ any time and > 140 after rest.
· Systolic BP >200 @ any time
· Diastolic BP > 120 @ any time
· Nausea and /or vomiting
· Headache (a major indicator of dehydration or CO poisoning)

The REHAB officer will notify IC if a member needs transport to a hospital so steps can be taken to provide all necessary notification to Board Members, Chief Officers, Company, Squad, and Benevolent Officers as well as family notification of the transport to a health care facility.

IF EMS PERSONNEL DEEM A FIREFIGHTER NOT FIT TO RETURN TO WORK, (RTW) THE DECISION IS BASED ON VITAL SIGNS OR CONDITION. IRREGARDLESS OF RANK. THIS DECISION MAY NOT BE APPEALED TO ANY OTHER OFFICER OR MEMBER. THE DECISION IS MADE IN THE BEST INTEREST OF THE MEMBER'S HEALTH AND SAFETY!

When a member becomes a patient a PCR will be generated and all applicable policies and protocols will be followed