

Hauser Lake Fire Protection District

Standard Operating Guideline

Emergency Incident Rehabilitation

Effective: _11/1/2012__

SOG _027

To be reviewed 20200227

Purpose

To ensure that the physical and mental condition of members operating at the scene of an emergency or a training exercise does not deteriorate to a point that jeopardizes the safety of each member or the safety and integrity of the operations.

Reference NFPA 1584

Scope

This procedure applies to emergency operations and training exercises where strenuous physical activity or exposure to heat or cold exists.

27.1. Responsibilities

- a. Incident Commander: The Incident Commander (IC) shall consider the circumstances of each incident and make adequate provisions early in the incident for the rest and rehabilitation for all personnel operating at the scene. Provisions should include medical evaluation, monitoring, treatment, food and fluid replenishment, mental rest, and relief from extreme climatic conditions and other environmental parameters of the incident. The rehabilitation includes the provision of Emergency Medical Services (EMS) at the Basic Life Support (BLS) level or higher.
- b. Supervisors: All supervisors are to maintain an awareness of the condition of each member operating within their span of control and ensure that adequate steps are taken to provide for each member's safety and health. The command structure shall be utilized to request relief and the reassignment of fatigued crews.
- c. Personnel: During periods of hot weather, members are encouraged to drink water and activity beverages throughout the workday. During any emergency incident or training evolution, all members shall advise their supervisor when they believe their level of fatigue or exposure to heat or cold is approaching a level that could affect themselves, their crew, or the operation in which they are involved. Members should also remain aware of the health and safety of other members of their crew.

27.2. ~~Establishment of~~ Establishment of Rehabilitation Area

- a. Responsibility: The IC will establish a Rehabilitation Area when conditions indicate that rest and rehabilitation is needed. A member shall be placed in charge of the area and shall be known as the Rehab Officer. The Rehab Officer will typically report to the Logistics Officer in the framework of the incident management system. However, if the IC has not assigned a Logistics Officer, the Rehab Officer will report directly to the IC.
- b. Location
 - i. The Rehab Officer should designate a location for the Rehabilitation Area. If a specific location has not been designated, the Rehab Officer shall select an appropriate location based on the site characteristics and designations below.
 - ii. It should be in a location that will provide physical rest by allowing the body to recuperate from the demands and hazards of the emergency operation or training evolution.
 - iii. It should be far enough away from the scene that members may safely remove their turnout gear and SCBA and be afforded rest from the stress and pressure of the emergency operation or training evolution.
 - iv. It should provide suitable protection from the prevailing environmental conditions. During hot weather, it should be in a cool, shaded area. During cold weather, it should be in a warm, dry area.
 - v. It should enable members to be free of exhaust fumes from apparatus, vehicles, or equipment (including those involved in the rehabilitation operations).
 - vi. It should be large enough to accommodate multiple crews, based on the size of the incident.
 - vii. It should be easily accessible by EMS units.
 - viii. It should allow prompt re-entry back into the emergency operation upon complete recuperation.

27.3. Resources

- a. The Rehab Officer shall secure all necessary resources required to adequately staff and supply the Rehabilitation Area. The following supplies are some items that may be necessary, depending on incident needs:
 - i. ~~Fluids~~—~~Fluids~~ - water, activity beverage, oral electrolyte solutions, and ice
 - ii. Food - soup, stew, sandwiches, etc.
 - iii. ~~Medical~~—~~Medical~~ - BLS and ALS equipment
 - iv. Cleaning wipes
 - v. Clean Nomex or Carbon Hoods
 - vi. Other - awnings, fans, tarps, heaters, dry clothing, floodlights, blankets, towels, traffic cones, and fire line tape (to identify the entrance and exit of the Rehabilitation Area).

27.4. Guidelines

- a. Rehabilitation Area Establishment: Rehabilitation should be considered during the initial planning stages of an emergency response. Any activity/incident that is large in size, long in duration, and/or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits consideration for rehabilitation. Environmental conditions that indicate the need to establish a Rehabilitation Area are heat stress index above 90o F or wind chill index below 10o F.
- b. Upon arriving at the rehab area the firefighter should remove his hood and gloves and wipe down with a cleaning wipe all exposed skin. Upon being cleared from rehab firefighters should don a clean pair of medical gloves and obtain a clean hood.
- c. Hydration: It is critical that water and electrolytes be replaced during exercise periods and at emergency incidents. During heat stress, the member should consume at least one quart of water per hour. Recommended rate is 1-2 quarts over a 15-minute time span. Hydration is important even during cold weather operations where, despite the outside temperature, heat stress may occur during firefighting or other strenuous activity when protective equipment is worn.
- d. Nourishment: The district shall provide food at the scene of an extended incident when units are engaged for three or more hours; i.e. soup, stew or sandwiches. In addition, apples, oranges, and bananas provide supplemental forms of energy replacement. Fatty and/or salty foods should be avoided. Prior to ingesting anything orally, it is recommended that personnel clean their hands and face with water and a cleaning agent or an approved waterless hand cleaner.
- e. Rest: The “two air bottle rule”, or 40 minutes of intense work without an SCBA is recommended as an acceptable level prior to mandatory rehabilitation. Members should hydrate (at least eight ounces) while SCBA cylinders are being changed. Firefighters having worked for two full ~~30-minute~~SCBA-rated bottles, or 40 minutes, should be placed in the Rehabilitation Area for rest and evaluation. In all cases, the objective evaluation of member’s fatigue level shall be the criteria for rehab time. Rest should not be less than ten minutes and may exceed an hour as determined by the Rehab Officer.
- f. Recovery: Members in the Rehabilitation Area should maintain a high level of hydration. Members should not be moved from a hot environment directly into an ~~air conditioned~~air-conditioned area because the body’s cooling system can shut down in response to the external cooling. An air-conditioned environment is acceptable after a cool-down period at ambient temperature with sufficient air movement. Certain drugs impair the body’s ability to sweat and extreme caution must be exercised if the member has taken antihistamines, diuretics, or stimulants.
- g. Medical Evaluations: EMS should be provided and staffed by the most highly trained and qualified EMS personnel on the scene (at a minimum of BLS level).

They should examine members, evaluate vital signs, and make a proper decision concerning the member's return to duty, continued rehabilitation, or medical treatment and transport to a medical facility. Continued rehabilitation should consist of additional monitoring of vital signs, providing rest, and fluids for hydration.

- 27.5. Medical treatment for members whose signs and/or symptoms indicate potential problems should be provided in accordance with EMS protocols. EMS personnel should:
- a. ~~Be assertive~~Be assertive in an effort to find potential medical problems early
 - b. Check Heart Rate and Temperature- the heart rate should be measured for 30 seconds as early as possible in the rest period. If a member's heart rate exceeds 110 beats per minute, an oral temperature should be taken if possible. If the member's temperature exceeds 100.6 F, he/she should not be permitted to wear protective equipment. If it is below 100.6 F and the heart rate remains above 100 beats per minutes after a 20-minute rehabilitation period, rehabilitation time should be increased, and the firefighter should be further monitored. Part of additional monitoring would include orthostatic pulse and blood pressure. If the heart rate is less than 110 beats per minute, the chance of heat stress is negligible.
 - c. Check Blood Pressure- A member whose blood pressure is greater than 160 systolic and/or 100 diastolic should not be released from rehabilitation until further evaluation. These members should continue to be monitored and treated if necessary.
 - d. Any firefighter exposed to carbon monoxide (CO) or presenting with headache, nausea, shortness of breath, or gastrointestinal symptoms at an incident where CO is present should be assessed for carbon monoxide poisoning. If available a CO-oximeter (ex: RAD57) should be utilized to measure the levels of carboxyhemoglobin (COHb) in a person's blood stream. Nonsmokers' COHb levels are normally 0-5% and smokers' are from 5-10%. Any readings in excess of those numbers and the person should undergo immediate medical attention, including evaluation by a paramedic to include a heart monitor -evaluation.
 - e. If conditions persist following 20-minutes of further rest, the individual should further evaluated and immediately receive additional treatment if necessary. Those complaining of chest pain, difficulty breathing, and/or altered mental status must receive immediate ALS treatment and transport to definitive care following EMS protocols.
 - f. Documentation- All medical evaluations shall be recorded and include the member's name and complaints and must be signed, dated, and timed by the Rehab Officer or his/her designee.

27.6. Accountability

- a. Members assigned to the Rehabilitation Area shall enter the Rehabilitation Area as a crew. The crew designation, number of crewmembers, and the times of entry to and exit from the Rehabilitation Area are to be documented by the Rehab Officer or his/her designee. Crews are not to leave the Rehabilitation Area until authorized to do so by the Rehab Officer. Fresh crews, or crews released from the Rehabilitation Area shall be available in the Staging Area to ensure the fatigued members are not required to return to duty before they are rested, evaluated, and released by the Rehab Office. If one or more members of a crew are unable to return to service with the rest of the crew, the Rehab Officer shall notify IC and then release the remaining crewmembers for service.



Hauser Lake Fire & Rescue Firefighter Rehab Form

Incident #		Date	/ /	Unit	
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Name							Time In	:	Time Out	:		
Time	B/P	Pulse	Resp	SaO2	CO	Skin	Temp	Cap Refill	GCS	Lung Sounds	Pupils	
:	/			%	%							
:	/			%	%							
:	/			%	%							

Name							Time In	:	Time Out	:		
Time	B/P	Pulse	RR	SaO2	CO	Skin	Temp	Cap Refill	GCS	Lung Sounds	Pupils	
:	/			%	%							
:	/			%	%							
:	/			%	%							

Name							Time In	:	Time Out	:		
Time	B/P	Pulse	RR	SaO2	CO	Skin	Temp	Cap Refill	GCS	Lung Sounds	Pupils	
:	/			%	%							
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:	/			%	%							

Name							Time In	:	Time Out	:		
Time	B/P	Pulse	RR	SaO2	CO	Skin	Temp	Cap Refill	GCS	Lung Sounds	Pupils	
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:	/			%	%							

Name							Time In	:	Time Out	:		
Time	B/P	Pulse	RR	SaO2	CO	Skin	Temp	Cap Refill	GCS	Lung Sounds	Pupils	
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