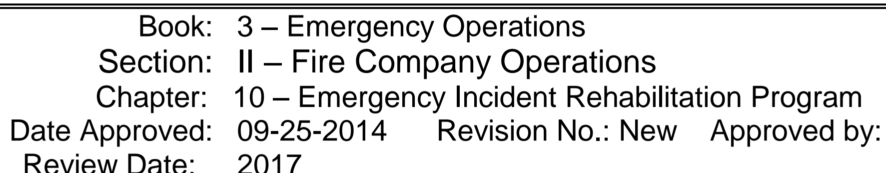
Ames Fire Department
Standard Operating Guidelines



Book: 3 – Emergency Operations
Section: II – Fire Company Operations
Chapter: 10 – Emergency Incident Rehabilitation Program
Date Approved: 09-25-2014 Revision No.: New Approved by:
Review Date: 2017

PURPOSE:

This guideline outlines the roles and responsibilities for Ames Fire Department (AFD) members establishing or participating in emergency incident rehabilitation operations, known as rehab.

POLICY:

The AFD recognizes the importance of firefighter health and safety. AFD also recognizes how the effective implementation and utilization of on-scene rehab, at both an emergency incident and training, can positively influence a firefighter’s health and safety. Rehab operations should be established when required either by the Incident Commander (IC) at an emergency scene, or by the instructor at training. Rehab operations should be considered and evaluated during every incident and training exercise, especially those of longer duration.

PROCEDURE:

Regardless of whether an IC or training instructor implements a rehab, all personnel share the obligation to immediately advise their Company Officer when fatigue levels are approaching a level that could affect themselves, their crew, or the operation. It’s everyone’s responsibility to stay hydrated, especially during periods of hot weather, by drinking water and/or “sports” type beverages throughout the workday.

However, when deemed necessary, a rehab may be staffed by fire personnel, EMS, or other responders (preferably at a BLS level) specifically tasked to identify and provide a specific area for personnel to assemble to receive the following as needed:

- A physical assessment, medical evaluation and treatment of minor injuries
- Rest, hydration and refreshments
- Continual monitoring of physical condition
- Transportation for those requiring treatment at a medical facility

When possible, medical monitoring and treatment should be provided by a BLS-level crew with the availability of an EMS transport vehicle.

Incident Commander (IC)

The role of the IC should be to consider the circumstances of each incident and make adequate provisions early in the incident for the rehabilitation of all members operating at the scene, to include medical evaluation, treatment and monitoring, food/fluid replacement, mental rest and relief from extreme climatic conditions. Responsibilities of the IC may include:

- Establishing rehab for members following the use of a single 45-minute SCBA cylinder or after 40 minutes of intense work without SCBA, and adjusting these benchmarks depending upon work and/or other conditions.
- The consideration of designating a Rehab Manager, who will:
  - Work with the IC to designate a rehab location
  - Identify and request additional resources and supplies as needed
  - Designate an area for EMS to conduct patient care
  - Track personnel's time in and out of rehab, using the department's accountability system
- Making every effort to send an entire company to rehab as a unit to assist in maintaining accountability and crew integrity

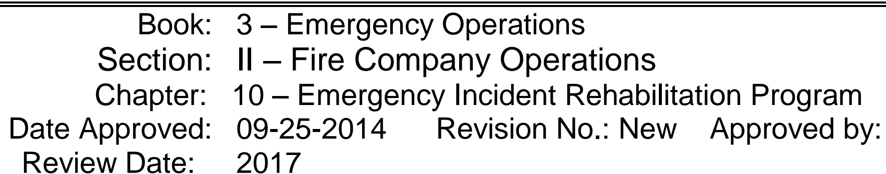
Company Officers

The role of the company officer is to maintain awareness of the condition of each member operating within their span of control and ensure that adequate steps are taken to provide for each members safety and health. Responsibilities of the company officer may include communicating with the IC on the extent of crew activity, including the number of SCBA cylinders used, duration and type of activity, and need for rehab.

EMS Personnel

The role of EMS personnel is to provide a physical assessment, medical evaluation and treatment of minor injuries as needed. Rehab responsibilities may include:

- Monitoring of physical condition (a minimum 10 minutes for an initial cool down and evaluation period)
- Holding crew members in rehab or transport when obvious indicators of inability to return to full duty are present (must be communicated to IC), which may include abnormal signs and/or symptoms in the following areas:
  - Chest pain, dizziness, shortness of breath, weakness, nausea, headache
  - General complaints of cramps, aches, pains
  - Symptoms of heat or cold-related stress
  - Changes in gait, speech, behavior
  - Altered mental status
  - Any vital signs considered abnormal, such as:
    - A pulse rate > 100 after 20 minutes in rehab.
    - A respiratory rate <12 or >20 breaths per minute.
    - A systolic blood pressure >160 and/or diastolic > 100mmg
    - An SpO2 <95% (source: NFPA 1584)



Rehab Area Location(s)

- Rehab should be:
  - A sufficient distance from the incident so personnel can safely remove PPE
  - Protected from inclement weather conditions
    - For hot environments this area should include shade and/or air-conditioning and a place to sit.
    - In cold and wet environments, rehabilitation areas should be dry, protected from the wind, heated and provide a place to sit. Multiple areas for rehabilitation may be necessary depending on size and complexity of the incident.
  - Free of exhaust fumes from apparatus and equipment
  - Large enough to accommodate multiple crews at the same time and have an area for EMS to conduct medical monitoring and treatment

Rehab Operations Supplies

Personnel assigned to rehab shall work to secure necessary resources required to adequately staff and supply rehab operations, which should include some basic supplies, such as:

- Water and/or “sports” type beverages (every incident)
- Medical/EMS/Trauma bag (every incident)
- Ice for hot weather and coffee or other warm beverages during cold weather
- Snacks (e.g., protein bars, snack crackers, fruits, etc.)
- Floodlights, towels, traffic cones and fire line tape (used to identify the rehab area)
- Portable shelter, fan, tarp, misting and/or cooling equipment, blankets, chairs, and a trash receptacle

REFERENCES:

A Guide to Best Practices - An Introduction to NFPA 1584 (2008 Standards)

Rehabilitation and Medical Monitoring, Bledsoe, Bryan E. (2011).