



Columbia County Fire Defense Board

Adopted _____ Revised _____

Subject: REHABILITATION

Purpose: To provide guidance on the implementation and use of a Rehabilitation (Rehab) process as a requirement of the Incident Management System (IMS) at the scene of emergencies or training exercises giving guidelines to personnel to assure that their mental and physical condition is safe and functional throughout.

Policy: The _____ will provide Rehab based on guidelines set by the NFPA, and applicable federal and state regulations.

Authority & Responsibility: _____ will be responsible to ensure that command officers follow the adopted Rehab policy. _____ will ensure that Rehab is utilized during regularly conducted extended training exercises. Training shall be responsible for conducting Rehab deployment drills.

Procedure: This procedure shall apply to all emergency operations and training exercises where strenuous physical activity or exposure to heat or cold exists. Any activity/incident that is large in size, long in duration and/or labor intensive that will rapidly deplete the energy and strength of personnel therefore merits consideration for Rehab. _____ will, on an annual basis, review and revise as needed the operational manuals, Training Bulletins, protocols and procedures that are associated with the adopted IMS and on-scene tactics.

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I. Personnel

a. Incident Commander:

The Incident Commander shall consider the circumstances of each incident and make adequate provisions early in the incident for the rest and Rehab for all personnel operating at the scene. These provisions may include: medical evaluation, treatment and monitoring; food and fluid replenishment; mental rest; and relief from extreme climatic conditions and environmental parameters.

b. Supervisors:

All supervisors shall maintain an awareness of each individual operating within their span of control and ensure that adequate steps are taken to provide for each individual's safety and health. The command structure shall be utilized to request relief and the reassignment of fatigued crews.

c. Personnel:

During any emergency incident or training evolution, all personnel shall advise their supervisor when they believe that 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.

II. Establishment of Rehab

a. Initial/Basic Rehab

In cases where Incident Command (IC), Safety Officer (SO), Company Officer (CO) and/or Training Officer (TO) deem modified Rehab appropriate, the officer in charge shall be responsible to ensure the initiation and completion of Rehab, that the company or crew is fit to return to work, and that rest and fluid replacement is provided as needed. Self-rehab refers to the process of firefighters getting some rest and replenishing their fluid levels outside the constraints of a formal rehab area. In many cases self-rehab may be the only rehab activities performed at those short-duration events. NFPA 1584 recommends that the self-rehab period should be at least 10 minutes.

b. Full/Advanced Rehab

Formal rehab area operations will be established in situations where emergency incidents or training sessions will extend firefighters beyond the physical point where self-rehab activities are sufficient to ensure their well being. The following list will establish guidelines and provide examples where it is expected Rehab will be established:

- i. Working fires where personnel are expected to use two or more SCBA bottles
- ii. Technical Rescue event lasting more than 2 hours

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- iii. Haz-Mat Incident when Encapsulating Suits worn or lasting more than 1 hour
- iv. Any event lasting more than 2 hours with an outside temperature above 85° F or below 25° F excluding Wildland Fires.
- v. Training exercises where environmental conditions are a factor
- vi. As requested by Incident Command and/or Safety Officer

III. Site Selection and Set Up

The most basic criteria for selecting a good rehab area is making sure the chosen location maximizes the firefighter's ability to get proper rest and revitalization, as well as medical attention as required. The Incident Commander will normally designate the location for rehab that includes the following characteristics:

- i. Far enough away from the scene that personnel may safely remove their turnout gear and SCBA.
 - ii. Provide suitable protection from the prevailing environmental conditions, which may include dry and/or weather suitable clothing as appropriate.
 - iii. Enable personnel to be free of smoke and exhaust fumes from apparatus, vehicles, and/ or equipment.
 - iv. Large enough to accommodate multiple crews based on the size of the incident.
 - v. Easily accessible by EMS units.
 - vi. Allow prompt re-entry back into the emergency operation or staging area
- b. Set up characteristics will be dependent on the site chosen, and will follow the outline in NFPA 1584 as a guide or the agency Training Bulletin.

IV. Staffing

- a. The Incident Commander shall identify a Rehab Group Supervisor (RGS).
- b. The RGS shall request all necessary resources. See Rehab Task Cards (Attachment1) or Training Bulletin for details.
- c. The Rehab Group shall have assigned a minimum of two personnel with at least one BLS (EMT B) certified Medical Person in Charge (Medical PIC) with ALS equipment available. Efforts shall be made to staff Rehab with an EMT P/I as soon as possible.

V. Assignment to Rehab

- a. Firefighting personnel working in conditions meeting the requirements of establishing Full/Advanced rehab. Non-IDLH personnel must be evaluated based on their working time and the ability to apply a modified Rehab.

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- b. Personnel will perform gross decontamination as appropriate and remove SCBA and turnouts.
- c. Personnel will be logged in utilizing a Rehab Personnel Tracking form; [Attachment 2](#). Passports will be given to Rehab Group Supervisor.
- d. Personnel will start rehydration process. See Rehab Task Cards (Attachment1) or Training Bulletin for details.
- e. PIC will provide medical evaluation utilizing a Medical Evaluation Form Attachment 3 and will follow a Rehab Entry Flowchart; Attachment 4.
- f. Continue rehydration and nutrition as appropriate.
- g. Refer to the Rehab Task Cards (Attachment1) or Training Bulletin for details and specific procedures for any event lasting more than 2 hours with an outside temperature above 85° F or below 25° F.

VI. Medical Evaluation:

- a. Upon assignment to Rehab, individuals will undergo an initial medical evaluation including vital signs and physical assessment. Results should be tracked on a Medical Evaluation Form.
- b. Continued Rehab should consist of monitoring physical and mental status, rest and providing fluids for re-hydration.
- c. Medical treatment for individuals, whose vital signs and/or symptoms indicate potential problems, will be based on current local agency medical direction and/or the PIC's medical direction if not from the home agency. Individuals presenting with any of the following symptoms should receive aggressive cooling down measures: weakness, dizziness, altered mental status, disorientation, confusion, headache, nausea and/or vomiting, muscle cramps, exhaustion, fainting, rapid pounding heart beat, moist pale cool or abnormal skin, abdominal cramps.
- d. If an individual does not respond to Rehab and treatment becomes necessary, the individual will be assigned to the Medical Unit and will be considered Out Of Service. The RGS can utilize the remaining crew members to remain out of service and assist with treatment and/or return the crew to staging for re assignment depending on the situation.
- e. In the event that an individual is transferred to the Medical Unit, and/or transported, the Incident Commander and Safety Officer shall be notified through the chain of command.
- f. In the event of serious injury or death the Critical Incident Stress Management (CISM) Team will be activated.

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- g. In the event that personnel entering Rehab exhibit unusual symptoms the SO and IC should be notified through the chain of command. Personnel should be assessed and treated based on symptoms. Consult Columbia County EMS Medical Protocols or Procedures for Hazardous Material Exposure.
- h. The RGS should ensure that all medical evaluations are complete and recorded on a Medical Evaluation Form [Attachment 3](#).
- i. Completed forms will be forwarded to the agency appropriate representatives following HIPPA Standards.

VII. Hydration and Nourishment

- a. Hydration is a critical factor in the prevention of heat injury. Water must be replaced during exercise periods and at emergency incidents. Caffeine and carbonated beverages should be avoided.
- b. Nourishment shall be provided at the scene of an extended incident.
- c. Specific fluid and nutrition replacement guidelines are outlined in the Training Bulletin. During heat stress, the individual should consume at least one quart of water per hour.

VIII. Rest and Recovery

- a. In all cases, the objective evaluation of an individual's fatigue level shall be the criteria for rehab time.
- b. Rest shall not be less than fifteen minutes and/or as determined by the RGS.

IX. Demobilization of Crews

- a. The RGS and individual company officers shall be responsible for ensuring that personnel are physically and mentally ready to return to duty. The need for further rest and recovery shall be communicated to the IC through the chain of command.
- b. Emergency response units shall not be put back in service until they have fully decontaminated themselves and their apparatus and equipment.

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