FAIRFIELD COUNTY RURAL FIRE BOARD
STANDARD OPERATING GUIDELINES

SUBJECT: REHAB ON FIRE SCENES

PURPOSE: A primary mission for the Fairfield County Fire Service IC is to identify, examine and evaluate the physical and mental status of fire-rescue personnel who have been working during an emergency incident or a training exercise. Following a proper survey (see below), it should be determined what additional treatment, if any, may be required

According to FEMA, "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 a Rehabilitation Division(REHAB) as part of ICS.."

GUIDELINES:

I. ESTABLISHING THE REHAB DIVISION

A designated Rehab Area (Division) remote from the fire or emergency incident, will be established at the discretion of the FCFS Incident IC (IC) in consult with the Fire Safety Officer or the EMS Supervisor. If the FCFS IC determines that Rehab is necessary, the on-scene EMS team will be assigned to manage the Rehab Division under the IC. REHAB shall report directly to the IC unless otherwise directed. EMS shall be responsible for staffing the REHAB Division until released by the FCFS IC.

II. LOCATING THE REHAB DIVISION:

It is crucial for FCFS IC to establish the REHAB Division away from any environmental hazards, or by-products of the fire, such as smoke, gases or fumes. During hot months, the ideal location might include a shady, cool area distant from the incident. In the winter, a warm, dry area is preferred. Regardless of the season, the area should be readily accessible to EMS personnel and their equipment, so they may restock the Division with supplies, or egress in the event that emergency transport is required. Rehab sites can also be established in the lobbies of nearby buildings, parking facilities, or even inside municipal buses. Misting/cooling systems, SCBA refilling and canteen service should be stationed in or around this area as well. During large-scale incidents, like multi-alarm fires, IC should consider establishing Multiple Rehab Areas as the situation warrants.

III. COORDINATION AND MANNING:

The EMS Supervisor or unit that is on-scene will determine who will designated as the Rehab Officer. The incident itself will determine just how many people will be needed to staff the Rehab Division, however a minimum of two trained EMS personnel should initially be assigned to monitor and assist firefighters in the Rehab Division. Utilize volunteer canteen or auxiliary members to assist EMS

personnel in making "working" members as comfortable as possible. The FCFS IC should be advised on what radio frequency the REHAB Division can be contacted.

IV. **EVALUATION OF AFD PERSONNEL:**

It is important for FCFS IC and officers to continually monitor personnel for telltale signs of exhaustion, stress, and or physical injury. FCFS personnel are encouraged to report to IC that they feel the need to go to the Rehab Division at any time the firefighter feels the need to do so. Symptoms may include weakness, dizziness, chest pain, muscle cramps, nausea, altered mental status, difficulty breathing, and others. Firefighters who have inhaled to products of combustion or had direct skin contact with a hazardous material should report to REHAB as soon as possible for baseline evaluation.

V. PHYSICAL EXAMINATION OF AFD PERSONNEL

FCFS personnel shall be examined by qualified EMS personnel when reporting to the rehab Division. Paramedics/ EMT's should check and evaluate vital signs, and make proper disposition; i.e. return to duty, continued rehabilitation, or transport to medical facility for treatment. The physical examination should include, at a minimum the following:

1. Glasgow Coma Scale
2. Vital signs (blood pressure, pulse, breathing rate, etc)
3. Assessment of lung sounds
4. Oxygen Saturation *(Pulse Oximetry)*
5. Administration of a 3-lead EKG, when chest pain or irregular heartbeat is presented
6. Skin Condition and Color
7. Body Temperature

If EMS personnel note abnormalities in the physical examination, as outlined below, the firefighter should not be permitted to wear protective equipment and/or re-enter the active work environment, until all parameters are within normal range. EMS personnel will report any abnormal findings to the EMS Supervisor and IC with recommendations. Re-examination should occur at ten-minute intervals. EMS personnel should record examination results on the fire ground medical evaluation form. Treatment shall be in accordance with established protocols.

VI. Physical Examination Abnormal Parameters:

A. Glascow Coma Scale Less than **15**

B. Vital Signs:
i. Blood Pressure
A. Systolic Greater Than (>) **150**
B. Systolic Less Than (<) **110**
C. Diastolic Greater (>) **98**

ii. Pulse
A. Greater Than (>) **110**
B. Less Than (<) **60**
C. Respiratory Rate
D. Greater Than (>) **24**
E. Less Than (<) **12**

iii. 3. Lung Sounds
A. Presence of:
a. Rales
b. Rhonchi
c. Wheezing

C. Oxygen Saturation
i. Less Than (<) **95%**

D. 5. EKG *(Chest Pain or Irregular Heartbeat)*
i. Presence of:
A. PVC's
B. Tachycardia
C. Bradycardia

E. Skin Condition and Color
i. Flushed
ii. Pale
iii. Cyanosis
iv. Cold Diaphoresis

F. Body Temperature
i. Greater Than (>) **100.6 F**
ii. Less Than (<) **97.6**

In the event that abnormal presentations are present, the firefighter should immediately receive additional treatment, especially if abnormalities persist following fifteen-twenty minutes of rest. AFD personnel complaining of chest pain, difficulty breathing or altered mental status must receive immediate ALS treatment and transport to definitive health care. EMS personnel will follow established protocols for ALS intervention.
The FCFS IC must be notified and given the name, condition, and destination of any firefighter transported from the emergency scene. This communication must be given via face-to-face or other secure communication.

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VII. **TREATMENT DURING REHAB:**

Upon completing the physical examination, the following steps should be taken to minimize further risk to FCFS personnel:
Before ingesting anything orally, fluid or solid, it is recommended that the firefighter clean his/her hands and face with water and a cleaning agent, as provided by Rehab Division personnel.
A.. The firefighter should rehydrate;
i. Oral rehydration and nutrition is recommended in the form of 1-2 quarts of fluids over a span of 15 minutes;
B. Body temperature should be reduced by:
i. Remove Helmets/Hoods/Mask
ii. Remove Turn-Out Gear *(to include pants and boots)*
iii. Cool body temperatures gradually using misting systems, fans, tap water, etc.
iv Individuals should be offered oxygen therapy via O2 mask (humidified or Nebulized)
v. Standing rest before reporting for further assignments
vi. Fire personnel should report to STAGING when presentation is deemed normal by the attending EMS personnel.
Note: EMS personnel shall avoid cooling the body using ice packs, ice water or hose streams. Cooling should be gradual, limiting further shock to the body.

VIII. ACCOUNTABILITY:

Fire-Rescue personnel entering the Rehab area should have their names, times of entry to and exit from the Rehab Division documented by EMS staff. This should be done either by the Rehab Officer or his / her designee on a Rehab Check-In / Out Sheet.

IX. RETURNING TO FIRE SCENE DUTY:

FCFS personnel may report their availability to Staging or Fire IC when:
A. Vital signs are within normal limits;
B. There is an absence of any abnormal signs and symptoms;
C. A minimum period of 15 minutes for rest and rehydration has been completed.