



Allegany County Emergency Services Board Policies and Standards



Subject: Rehab Policy	Approved: December 10, 2019
Policy/Standard #:	Revised:
Approved: 	Emergency Services Board Chair

1. When to set up REHAB:

a. Fire/Rescue Suppression Operations

- i. After 30 minutes of SCBA use of 45 minutes of work time, a rest period is recommended as an acceptable level of rehabilitation prior to mandatory rehabilitation.
- ii. Firefighters having worked for two full cylinders, or 45 minutes, shall be immediately placed in the Rehabilitation Area for rest and evaluation.

b. Weather Extremes

- i. Extreme Cold
- ii. Extreme hot weather

c. Incident Command deems necessary

2. Where to set up REHAB:

a. Characteristics

- i. Located far enough away from the incident scene that members may safely remove their turnout and SCBA.
- ii. Provide suitable protection from environmental conditions.
- iii. Enable members to be free from exhaust fumes from apparatus, vehicles, or the equipment.
- iv. Large enough to accommodate multiple crews.
- v. Easily accessible by EMS units and allows for rapid egress in the event of a transport.
- vi. Allow prompt reentry back into the emergency operations.
- vii. Rehab will remain on command radio channel and will communicate needs for additional resources and/or transport disposition prior to switch to an EMS channel.
- viii. Incident Command will designate unit responsible for Rehab establishment.

3. REHAB Levels

a. Level One

- i. Consist of a single, dedicated EMS unit.
- ii. Incidents up to and including a first alarm assignment or incidents where units will be operating for less than one hour.
- iii. The responsibility of rehabilitation can be handled by a single EMS or suppression unit (with EMT-B on board) and can be managed by any EMT-B or higher qualified clinician, however, an ALS provider is strongly recommended.
- iv. Incident Command should be cautious when REHAB duties are assigned to the only EMS transport unit on the incident. In the event of firefighter or civilian injury, the loss of that single unit will end REHAB operations until replaced and disrupt the continuity of care and assessment of the personnel in REHAB. It is recommended that an additional EMS resource be requested to supplement REHAB operations on all incidents with confirmed IDLH environment.

b. Level Two

- i. Consist of multiple dedicated resources with a designated supervisor. (REHAB Group)
- ii. The supervisor of the REHAB Group should be a unit officer or highest qualified EMS provider on scene. The group may consist of any combination of EMS or suppression personnel as long as the ratio of providers to fighters needing rehab remains consistent.
- iii. ALS is required in REHAB at this level.

c. Level Three

- i. Consist of multiple dedicated resources with a designated supervisor, as in Level 2.
- ii. REHAB Group should be managed under the Logistics Section of the Incident Command System.
- iii. Radio designation will be determined by logistics due to potential for multiple rehab sites, established base camp, etc.

4. Comprehensive Rehabilitation

a. Rest

- i. Firefighters must remain in REHAB for a minimum of 15 minutes.

b. Rehydration

- i. Require each firefighter to consume at least 16 oz. of water and/or sport drink. (Not soda, coffee, or tea, i.e. caffeinated beverage)

c. Restoration/Active Cooling

- i. No PPE is to contaminate the REHAB area
- ii. Encourage "immersion of the hands in cool water. This will significantly lower the body's core temperature".

iii. Passive cooling will not alleviate heat stress.

d. RX/Medical Monitoring

- i. Pulse: Less than 100 beats per minute.
- ii. BP: Systolic less than 160mmHg and Diastolic less than 100mmHg.
- iii. Temp: Normal ranges from 98.6F to 100.6F
- iv. SpO2: Greater than 95% (smokers may be normal down to 90%)
- v. Resp: Less than 20
- vi. CO: 15% to 20% - Mild / 21% to 40% - Moderate / 41% to 59% - Severe

e. Refueling

f. Relief

5. REHAB Process

- a. Crews are sent to REHAB via operations or command. (All crew members to enter the rehab process are to check in and out with rehab supervisor)
- b. Check in with Rehab supervisor
- c. Crews are to remove PPE before entry into REHAB area
- d. Crews should be provided with hydration and 15 minutes seated rest.
- e. Crews should use wipes or washing area to remove soot and dirt from their faces, neck, and hands.
- f. Medical monitoring
 - i. Perform initial assessment and document.
 - ii. Personnel must remain in Rehab for at least 15 minutes.
 - iii. If vitals are acceptable, crews can check out through the Rehab Supervisor and notify command or operations of their availability.
- g. Check out with Rehab supervisor.

6. Failed REHAB

a. Definition

- i. Any complaint of altered level of consciousness, persistent headache, chest pain, trouble breathing, persistent air hunger, or any sign of other serious medical events.
- ii. Vital Signs that remain outside the safe range after 40 minutes in REHAB.
- iii. Any emerging injury, such as burns, swelling of soft tissue injury, increasing muscle cramping, or spasm in spite of REHAB.
- iv. Evidence of injury from environmental extremes or any other signs of minor injury that requires medical evaluation prior to returning to an operational status.

b. Process for Failed REHAB

- i. Firefighter becomes a patient
- ii. Notify Incident Command and firefighter's officer, but maintain confidentiality. Only pass or fail status is to be relayed. Medical information is not to be communicated. Handle face to face communication.

- iii. Transfer to an EMS unit for further Evaluation. (12-Lead, IV, etc.)
- iv. Firefighter may not participate in further firefighting activities until cleared for duty by a physician or their Fire-EMS Department's Representative.

Note: The fire department's insurance is to cover the individual that failed rehab.

This policy follows NFPA 1584: Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises.