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| ***REPLACE WITH YOUR MASTHEAD*** |
| **VFIS logo black JPG** | **SOG Title:** |
| **SOG Number:** |
| **Original Date:** | **Revision Date:** |
| **ABC Fire Department General Operating Guideline** |

**Rehabilitation**

***This is a sample of a standard operating guideline (SOG) on this topic. You should review the content, modify as appropriate for your organization, have it reviewed by your leadership team and if appropriate your legal counsel. Once adopted, make sure the SOG is communicated to members, implemented and performance monitored for effective implementation.***

**Purpose:**

To provide guidance for facilitating the appropriate rehabilitation; rest, rehydration, nutritional support and medical monitoring of emergency service responders and fire department members during emergency incidents.

**Guideline:**

The goal of this guideline is to provide a structure and guidance for incident commander, officers and emergency responders that will support providing rest, hydration, nutritional support and medical monitoring of emergency responders and fire department members during emergency incidents.

The goal to be achieved by designated emergency responders is support of:

* Adequate rest and recovery from physical and psychological exertion
* Adequate rehydration and nutritional support
* Medical assessment and monitoring:
	+ Detection signs of heat and stress related illness
	+ Triage of personnel following rehab to:
		- Return to duty on scene
		- Relief of on-scene duties
		- Transport to the Emergency Department for further treatment

Establishing Rehab:

The incident commander (IC) will establish a Rehab Sector at all emergency incident where the conditions require rest and rehydration of all personnel. These situations include, but are not limited to:

* Building fires
* Anytime FAST or RIT response is requested
* Prolonged operations (emergency or training)
* Extremes of temperatures

Company/Crew level rehab (NFPA Standard 1584):

In addition to formal rehab sectors, rehydration solutions will be made available in proximity to SCBA bottles on individual apparatus to allow firefighters to rehydrate during the initial bottle change. All firefighters are encouraged to drink 4 to 8 ounces of rehydration fluid during the initial bottle exchange. Company officers will be trained to observe their crews for signs of exhaustion, dehydration, and heat and stress related illnesses.

Assignment to the Rehab Sector:

* All firefighter must report to Rehab following the use of one (1) 30-minute SCBA cylinders
* A company officer may assign a member to rehab at any time
* Upon completion of 45 minutes of "active work"
* Any time a member feels any injury or stress (physical/mental) Personnel assigned to Rehab will follow department accountability procedures when they move to the Rehab sector.

Staffing of the Rehab Sector

At the minimum, the rehab sector will be staffed by a dedicated EMT-B with an AED. Ideally, a fully equipped ALS provider will be assigned to the Rehab sector.

The senior medical provider assigned to the Rehab Sector will be designated "REHAB" and advise the IC when the rehab sector is set up and maintain coordination and communication appropriately with Fire/EMS officers on scene.

Location of the Rehab:

The Ideal Rehab Sector location will be:

* Uphill and up wind of the incident
* Provide warmth in cold conditions
* Provide shade and a cool area in hot conditions
* Close to ambulance staging
* Close to SCBA replenishment
* Free of vehicle exhaust
* Limited media access
* Away from disturbing scenes
* Portable running water (if possible)
* Access to rest rooms (if possible)

Rehab Sector Equipment:

* Triage (rehab) Tags Stretcher
* Oxygen & Supplies
* Drinking Water & Cups
* Ice/Cooling Supplies/Water Vapor (As event/scene appropriate)
* Waning Supplies/Heater (As event/scene appropriate)
* Chairs (As event/scene appropriate)
* Shelter (As event/scene appropriate)
* EKG monitor (ALS)
* Medications (ALS)
* IV Fluids (ALS)

Entry in Rehab Sector:

Upon entry to rehab, personnel will:

* Surrender accountability tags
* Doff SCBA, helmets, hoods, turnout coats and other PPE as indicated.

Medical Personnel will obtain and log entry vital signs on Rehab Tag as follows:

* Pulse
* Blood Pressure
* Oral Temperature
* Pupils
* Skin Color/Temperature
* General physical Status/observations

Based on parameters in Table 1 firefighters will be assigned either to:

* Medical Monitoring zone or
* The rest zone in the rehab sector

Rehydration in Rehab Sector:

All personnel will drink a minimum of l6 ounces of rehydration fluid while in the Rehab Sector.

Duration of Stay in the Rehab Sector:

Personnel will spend a minimum of 10 minutes in the Rehab Sector prior to returning to on-scene duties.

Disposition from the Rehab Sector:

Disposition from the Rehab Sector will be determined at the discretion of the ranking medical officer on the scene. There are three possible dispositions from the Rehab sector:

* Return to duty after on-scene Rehab
	+ Personnel who have rested for a minimum of l0 minutes, been rehydrated, and who have acceptable vital signs per Table 2 will return to on-scene duty. Personnel with initial triage to the medical monitoring zone of the Rehab sector will require a second set of vital signs and assessment prior to returning to on-scene service.
* Relief of on-scene duties
	+ Retention in Rehab and evaluation for further medical intervention will be mandated as per Table 2. In addition, a firefighter with an oral temperature between 99.5 and 100.9 will not be allowed to re-don SCBA, turnout coat or other PPE. Personnel with abnormal vital signs as defined by Table 1 or Table 2 will be instructed not to return to on-scene duties and receive additional monitoring, rest and rehydration in the rehab sector, or be transported to the emergency department for medical evaluation.
* Transport to the emergency department for further treatment
	+ Personnel with any of the indicators defined in Table 3, at any time on the emergency scene or in the Rehab sector will be transported to the emergency department for further medical evaluation.

**Table 1 – Parameters for Rehab/Rest, Rehydration and Return to Duty**

|  |  |
| --- | --- |
| Blood Pressure | 100-160 Systolic<100 Diastolic |
| Pulse | <120 |
| Temperature | <99.5 F |
| Respiratory | No distressSa02 (if available) >98% |

**Table 2 – Medical Evaluation and Monitoring Criteria**

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| --- | --- |
| Blood Pressure | >160 Systolic<100 Systolic>110 Diastolic |
| Pulse | >120 |
| Temperature | >99.5 F |
| Respiratory | >32Dyspnea, audible wheezing, shortness of breathSa02(if available)<95% |

**Table 3 – Indicator for Need of Medical Care/Transport to Emergency Department**

|  |  |
| --- | --- |
| Blood Pressure | >200 Systolic<90 Systolic>120 Diastolic anytime |
| Pulse | >150 anytime>140 after 10 minute cool downChest PainPalpitations or irregularity of pulse or EKG (Arrhythmias) |
| Temperature | >101 F |
| Respiratory | >32Dyspnea, audible wheezing, air hungerSa02(if available)< |
| Altered Mental Status |
| Persistent Vomiting |
| Signs of Heat Stroke |
| Trauma or other “normal” indicators for hospital care |

***This is a sample guideline furnished to you by VFIS. Your organization should review this guideline and make the necessary modifications to meet your organization’s needs. The intent of this guideline is to assist you in reducing exposure to the risk of injury, harm or damage to personnel, property and the general public. For additional information on this topic, contact your VFIS Risk Control representative.***

**References:**

West Redding (CT) VFD – GOG 3-S-306 Developed/Revised/Reviewed by VFIS ETC