
	<b>STANDARD OPERATING GUIDELINE</b>				
	OPERATIONS				
	EMERGENCY MEDICAL REHABILITATION				
	Effective: 01/May/00	Revised: 28/Dec/2020	S.O.G. #: O-335	Page: 1 of 6	

## 1.0 Objective



- 1.1 The purpose of these procedures is to provide for the safety and well-being of emergency personnel at the scene of an emergency incident or training exercise. It is recognized that members who are not provided adequate rest and rehydration during operations are at increased risk for illness and injury.
- 1.2 To achieve this objective, the Fire Department shall take the following actions:
  - 1.2.1 Command shall be responsible for the safety and well-being of all personnel under his/her command.
  - 1.2.2 Command shall monitor conditions and initiate the activities needed to establish a Rehabilitation Sector (Rehab).
  - 1.2.3 A Rehabilitation Sector (Rehab) shall be established at all emergency incidents and training exercises where prolonged strenuous activity or exposure to extremes of heat or cold exists.
  - 1.2.4 It shall be recognized that an incident that requires the attendance of a Special Team (Hazardous Materials, Dive or Special Rescue) needs special consideration for documentation. (See Appendix A)
- 1.3 The guidelines contained herein are general in nature and do not reflect or represent every conceivable situation. It is not the intent of this guideline to limit, mandate or preclude Command's response to any specific incident. Situations must be handled as warranted by the circumstances.

## 2.0 Responsibility

- 2.1 It is the responsibility of all Department personnel to understand the procedures documented in this Standard Operating Guideline.
- 2.2 The IC/ISO may establish a Rehab Group, assuring the designation of a Rehab Officer, for any of the following circumstances:
  - 2.2.1 Medical evaluation and treatment
  - 2.2.2 Fluid replacement and hydration
  - 2.2.3 Mental and physical rest
  - 2.2.4 Relief from the environment(s)

## 3.0 Individual Responsibilities

- 3.1 Incident Commander
  - 3.1.1 Command shall monitor and evaluate conditions at all incidents.
  - 3.1.2 Command shall consider circumstances of the incident and delegate a Rehabilitation Sector (Rehab) as early in the incident as possible.
- 3.2 Company Officers
  - 3.2.1 Company Officers shall maintain an ongoing awareness of the safety and condition of all company members operating within their span of control.
  - 3.2.2 Company Officers shall insure adequate steps are taken to provide for the safety and well-being of all company members within their span of control.
    - 3.2.2.1 Company Officers shall request relief and assignment to Rehab through the Incident Command System.
    - 3.2.2.2 Company Officers shall attempt to maintain the integrity of the crew at all times.
- 3.3 Special Team Sector Leaders
  - 3.3.1 Special Team Sector Leaders shall maintain an ongoing awareness of the safety and condition of all team members operating within their span of control.

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3.3.2 Special Team Sector Leaders shall request relief and individual assignment to Rehab through the Incident Command System.

3.4 Individuals

3.4.1 All members shall advise their supervisor when they believe that their level of fatigue or exposure to heat or cold is approaching a level that could adversely affect themselves, the crew, or the operation in which they are involved. All personnel shall watch out for the health and safety of all other personnel at the operation.

3.4.1.1 Any and all injuries shall be immediately reported to IC/ISO/DI.

**4.0 Location of The Rehabilitation Area**

4.1 The rehabilitation area will normally be designated by Command. If a specific area has not been designated, the Rehab Officer shall designate a specific rehab area based on the site characteristics that follow:

4.1.1 It must provide suitable protection from the prevailing environmental conditions. Adequate protection may be provided by taking simple measures such as:

4.1.1.1 Locating the rehabilitation area in a shady area.

4.1.1.2 Providing a heated ambulance or rescue squad as cover during gusty, cold or rainy weather.

4.1.2 It must be free of any contaminated atmosphere and exhaust fumes from apparatus, vehicles or other equipment.

4.1.3 It should be easily accessible for a transportation ambulance and medical personnel.

4.1.4 It should allow adequate space to monitor personnel.

4.1.5 It should allow for prompt re-entry back into the operations area.

4.1.6 It should be large enough to accommodate several crews.

**5.0 Establishing a Rehabilitation Sector**

5.1 Because of varied climatic and environmental conditions, the simple occurrence of an emergency incident should not be the sole justification for establishing a Rehabilitation Sector. Any activity that is large in size, long in duration, labor intensive and/or will rapidly deplete the energy and strength of personnel, merits consideration for establishing a Rehabilitation Sector.

5.1.1 Climatic or environmental conditions that may indicate the need to establish a Rehabilitation Sector are:

5.1.2 A wind chill index below 10° F



5.1.3 An ambient temperature above 90° F.

5.1.4 Prolonged physical activity above 30% humidity.

5.1.5 The Incident Commander may establish a Rehabilitation Sector when conditions indicate that rest and rehabilitation are needed for personnel operating at any incident scene or training evolution.

5.1.6 A Sector Officer will be placed in charge of the sector and shall be known as the Rehab Officer.

5.1.7 The Rehabilitation Sector will typically be staffed by a minimum of two paramedics with ALS equipment available.



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## 6.0 Resources

- 6.1 The Rehab Officer shall secure all of the necessary resources required to adequately staff and supply the rehabilitation area. If additional staffing is required, the request shall be made to the Incident Commander. The supplies should include, as a minimum, the items listed below:
- 6.1.1 Rehab Box containing:
    - 6.1.1.1 Blood pressure cuff(s).
    - 6.1.1.2 Stethoscope(s).
    - 6.1.1.3 Thermoscan thermometer.
    - 6.1.1.4 Rehabilitation (Rehab) sector vests.
    - 6.1.1.5 Rehab helmet shields.
    - 6.1.1.6 Passport sector board with grease pen.
    - 6.1.1.7 Clipboard(s) with 100 Rehabilitation Report forms and 30 MICU forms.
    - 6.1.1.8 Clipboard with 100 Company Check-IN/OUT forms.
  - 6.1.2 Cooler containing:
    - 6.1.2.1 Fluids (water) - Typically 48 - 12 ounce bottled water, or
    - 6.1.2.2 50/50 mixture of water and commercial activity beverage.
    - 6.1.2.3 Avoid the use of caffeine, alcohol and carbonated beverages.
  - 6.1.3 Tarps, cones and fireline tape to identify the entrance and exit of the Rehabilitation Area.
  - 6.1.4 The Rehab Officer shall be prepared to provide shelter, food and drink at the scene of an extended incident when the units are engaged for 2 or more hours. A Canteen Service may be requested if necessary.

## 7.0 Rehabilitation Resources

- 7.1 The Command structure shall be utilized to request relief and the reassignment of fatigued crews.
- 7.1.1 The integrity of the crew shall be maintained whenever possible. This will normally require crews to enter and exit the rehabilitation area together.
  - 7.1.2 Individual members and crews who are released from Rehab shall report to Command or the Staging Officer.
- 7.2 Firefighters who have performed strenuous work for 45 minutes of time, or have used two full 30-minute rated SCBA bottles, shall be assigned to Rehabilitation if such a Sector has been established pursuant to Section 4.0 of this S.O.G.
- 7.3 In other cases, such as Special Team Operations, the subjective evaluation of a member's fatigue or health levels by his supervisor shall be the criteria for assignment to the Rehabilitation Sector.
- 7.4 Members or crews assigned to the Rehabilitation Sector shall report directly to the Rehab Officer and surrender their Passport.
- 7.5 A company's entry into the Rehab Sector shall be noted on the Rehab Sector: Company Check-In/Out form. (See Appendix B)
- 7.6 Members shall not be allowed to move directly from one extreme environmental condition to another without a "cool down" period. (Example: do not move from a hot environment directly into an air-conditioned area).
- 7.7 Rest shall not be less than 10 minutes and may exceed 30 minutes as determined by the Rehab Officer.
- 7.8 Any member whose rehabilitation exceeds 30 minutes shall be evaluated for transportation to a medical facility.

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- 7.9 The Rehab Officer shall notify Command when it has been determined that a member must be transported to a medical facility for further treatment.
- 7.10 Command shall use his/her discretion when assigning the appropriate vehicle to transport the patient.
- 7.11 Crews shall not be released from the Rehabilitation Sector without the permission of the Rehab Officer.
- 7.12 Crews shall pick-up their Passport from the Rehab Officer when released from Rehab.
- 7.13 Crews that are released from the Rehabilitation Sector shall report to the Staging Officer or as otherwise directed by Command. If Staging has not been established, crews shall report to Command.

**8.0 Medical Evaluations**

- 8.1 The Rehabilitation Sector shall be staffed by at least two paramedics. If conditions do not allow ideal staffing, a minimum of one paramedic and one individual trained to the BLS level shall staff the rehabilitation area. He/she shall obtain vital signs, evaluate members and provide a disposition of rest and return to duty, continued rehabilitation, or medical treatment. All members shall receive water for rehydration and evaluations every 10 minutes.
- 8.2 All members shall be evaluated and assigned to one of the following categories:
  - 8.2.1 Return to work assignments will be made when a member has been determined to have normal vital signs. Following a 10-minute rest and rehydration period, in which the member's condition remains normal, he/she may return to work.
  - 8.2.2 Continued rehabilitation consisting of additional monitoring of vital signs, providing additional rest and fluids for rehydration will be made when the member's vital signs have not returned to normal within 10 minutes of rehabilitation.
  - 8.2.3 Medical treatment should be sought for members whose signs and/or symptoms indicate potential problems.
    - 8.2.3.1 Rehab personnel shall be aggressive in their efforts to find potential medical problems early in all personnel.
- 8.3 Rehab personnel shall measure the heart rate of all personnel upon entering rehabilitation. The heart rate should be measured for 30 seconds as early as possible in the rest period.
  - 8.3.1 Members with a heart rate of less than 110 beats per minute should be assigned to rest and rehydration for 10 minutes and then are assigned to return to duty.
  - 8.3.2 If a member's heart rate exceeds 110 beats per minute, his/her temperature should be taken.
    - 8.3.2.1 If the member's temperature exceeds 100.6 F, he/she should remove protective equipment. Monitor vitals every 10 minutes and rehydrate.
    - 8.3.2.2 If a member's temperature is less than 100.6 F and the heart rate remains above 110 beats per minute after rehabilitation, continue rehabilitation for another 10 minutes.
  - 8.3.3 If a member's heart rate and temperature have not returned to an acceptable level following 30 minutes (or 3 rest and rehab cycles), the member shall be evaluated for transportation to a medical facility for further treatment.

**9.0 Documentation**

- 9.1 The Rehab Officer or his/her designee shall maintain a Rehabilitation Report (see Appendix C) of all personnel who are assigned to the rehabilitation area.
  - 9.1.1 The Rehabilitation Report will contain:
    - 9.1.1.1 Name and Company assignment
    - 9.1.1.2 Time into the rehab area

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9.1.1.3 Vital Signs

9.1.1.4 Additional monitoring

9.1.1.5 Medical complaints

9.1.1.6 Time out of rehab

9.1.2 The Rehab Officer or his/her designee shall document the assessment of any Special Team member on an MICU form.

## 10.0 Accountability

10.1 The Rehab Officer or his/her designee shall sign-out and return the Passports of all personnel/crews that are released from rehabilitation.

10.2 Crews shall not leave the Rehabilitation Area until authorized to do so by the Rehab Officer or his/her designee.

## 11.0 Appendix A

11.1 Special Team Member on Scene Medical Assessment.

11.1.1 Special Team Sector Supervisors will determine when a Special Team member is to be directed to Rehab Sector.

11.1.2 Medical assessments on the scene of an incident shall require the following to be taken and documented:

11.1.2.1 Pulse

11.1.2.2 Respiration's

11.1.2.3 Blood Pressure

11.1.2.4 Temperature

11.1.3 The Rehab Sector Supervisor shall make a final determination of a Special Team member's ability to leave the Rehab Sector and return to service.

11.1.4 A Special Team member's medical assessment will be on a MICU report form. Required documentation is as follows:

11.1.4.1 Items of medical assessment as listed above.

11.1.4.2 The individual's name, department, time, location, age and pertinent medical history.



11.1.4.3 Annotations may be added to the narrative section about the scene, unique situations or unusual impact on the Special Team member.

11.1.5 Distribution of the MICU report shall be as follows:

11.1.5.1 Distribution of the MICU report shall be in compliance with Highland Park Fire Department Policy #31, Health Insurance Portability and Accountability Act of 1996 – Privacy Compliance.

11.1.6 It is the Host Department's responsibility to assure distribution of the MICU report is completed.

11.1.7 It is recommended that the Host Department should maintain a copy of the MICU report on file for an indefinite period of time (at least 30 years from the event).

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**12.0 Appendix B**

12.1 The Company [Check In/Out Form](#) shall be maintained by the Rehab Sector leader.

**13.0 Appendix C**

13.1 The [Emergency Incident Rehabilitation Report](#) shall be maintained by the EMS individuals assigned to the Rehab Sector.

**14.0 Reference**

14.1 Highland Park Fire Department

Approved:  Fire Chief