

SANTA CLARA COUNTY LOCAL FIRE SERVICE AND RESCUE MUTUAL AID PLAN

APPENDIX 14–E RESPONDER REHABILITATION POLICY

Date: November 2015

Next Revision Date: November 2017

Purpose:

To ensure that responders are afforded rest and hydration during strenuous emergency operations, or training exercises and that those who may be suffering from the ill effects of metabolic heat buildup, dehydration, physical exertion, and/or extreme weather receive rapid treatment, re-hydration and medical monitoring.

Scope:

This policy shall apply to all fire personnel at multi-agency incidents and training exercises (Automatic Aid or Mutual Aid) where there is a potential for injury, strenuous physical activity or prolonged exposure to heat or cold.

There are two levels of Responder Rehabilitation; Informal Rehabilitation and Formal Medical Rehabilitation. The Incident Commander shall have the responsibility to select the appropriate level of rehabilitation for any given incident or exercise.

Procedure:

Informal Rehabilitation

The Incident Commander has the option to institute Informal Rehabilitation on incidents or training exercises where firefighting activity is not considered heavy or prolonged. "Informal Rehab" can take place in a designated area or it can simply be done in the vicinity of a company's work assignment or their apparatus. The two main objectives are to take a rest period and to rehydrate.

Self-Rehabilitation (Self-Rehab)

Incident Commanders, Division/Group Supervisors, Company Officers, and individuals shall maintain situational awareness regarding the need and opportunity for rest and fluid replenishment. All personnel should consider the following regarding rest periods:

1. NFPA recommends at least ten minutes of time for rest and rehydration.
2. Select suitable rest areas that are away from hazards including smoke and apparatus exhaust.
3. Doff appropriate protective clothing and stow away from the rest area.
4. Maintain crew accountability and monitor personnel's fitness for further service.
5. Ensure availability of appropriate beverages.
6. Consider nutritional needs during extended operations.
7. Communicate any needs through the chain-of-command as appropriate.

An **Informal Rehabilitation Area** may be designated where personnel are assigned to rest and re-hydrate.

Guidelines for an Informal Rehabilitation Area are:

1. All personnel shall make every attempt to report to the Informal Rehab Area as an intact company.
2. Remove SCBA and appropriate turnout clothing prior to entering the rehabilitation area.
3. Personnel will re-hydrate with available drinking fluids.
4. Each Company should rest and relax a minimum of 10 minutes.
5. The Company Officer shall notify the Incident Commander, or Operations if assigned, when the company is available to be reassigned to the incident.
6. Medical monitoring is normally not provided in the Informal Rehabilitation area. Each Company Officer should monitor their crewmembers for signs of fatigue or other symptoms indicating adverse health affects. If an individual or a crew shows signs of needing medical attention the Formal Medical Rehabilitation guidelines should be followed.

Formal Medical Rehabilitation

In the Incident Command System, the Medical Unit is responsible for the medical care and transportation of ill or injured incident personnel. Depending on the size or complexity of the incident, the Medical Unit Leader may designate a Rehabilitation Area Manager who will assume responsibility for the rehabilitation of incident personnel. In fact, in many cases the incident may not require a Medical Unit and the Rehab function will be the only component of the Medical Unit enacted. In such cases the Rehab Manager will report to Logistics (if established) or another supervisor such as Operations or directly to the Incident Commander if no Operations position is established.

The Incident Commander should consider the establishment of Formal Medical Rehabilitation on incidents greater than a second alarm, large training exercises and /or when initial alarm assignments will involve any of the following conditions:

1. Heavy physical exertion.
2. Extended operations.
3. After two exchanges of breathing apparatus bottles.
4. Elevated environmental or ambient temperatures.
5. When officers determine that personnel are suffering adverse and /or physical effects as a result of the incident.

I. Resources

When established, the Incident Commander shall assign appropriate resources to set up and staff the Medical Rehab Unit. Since the focus of this guideline is the Rehab function, the responsible supervisor will be referred to as the Rehab Area Manager below for simplicity. If there were a Medical Unit Leader then he/she would oversee the Rehab Area Manager and any other aspects of the Medical Unit.

The number of personnel required to successfully operate the Medical Rehabilitation area will vary depending on the number of responders requiring Rehab and the size of the incident. Rehab Area staffing should consist of at least a 3 person company with Advanced Life Support capability.

1. The Rehabilitation Area Manager "REHAB" shall:
 - a) Supervise the actions of the Rehab staff and maintenance of the Rehab area.
 - b) Coordinate the function of the Medical Rehab Unit and carry out assignments within the Incident Command System
 - c) Report directly to the Logistics Officer, if established, or the supervising Incident Command System position.
 - d) Communicate any injuries or illness requiring treatment or transportation to supervisor including the jurisdiction having responsibility for the individual.

II. Site Selection

The Rehabilitation Area Manager will select a site, unless otherwise directed through the Incident Chain of Command.

1. The site should be located in an area outside of the operational activity area where protective clothing and equipment may be removed prior to entering the rehabilitation area.
2. Designate an area for staging of SCBA, helmets, and turnout coats outside the rehabilitation area. This will reduce the amount of contamination within the Rehab area.
3. Provide suitable protection from environmental conditions such as heat and cold.
4. The site should be removed from hazardous atmospheres including apparatus exhaust fumes, smoke, and other toxins.
5. In a high-rise incident, Rehab should be co-located with Staging, two floors below the *fire*.
6. The area should have control points for entrance and exit.

III. Communicate to IC

The Medical Unit Leader or Rehab Area Manager is responsible to communicate the following information to the IC.

1. Location and Status of the Rehab Area.
2. The need for additional or special resources.
3. Any injuries or illness requiring treatment or transport.

IV. Entry and Exit Procedures

1. All personnel should report to the Rehab Area as an intact company.
2. Remove personal protective clothing in the designated area.
3. Upon entry into the Formal Rehab area, Rehab Unit staff will:
 - a) Record the Companies' time into Rehab (ICS 214)
 - b) Obtain initial vitals and follow up vitals as needed, monitor for heat stress and signs of medical issues
 - c) Document vitals on the Medical Rehab Unit Log.
 - d) Ensure that personnel rehydrate and rest for ten (10) to (20) minutes

- e) Document personnel exiting the Rehab Area and communicate their available status to Logistics or other supervisor (OPS or IC) as directed.
 - f) The Medical/Rehabilitation Unit log shall remain confidential and be given to the Incident Commander at the end of the incident
4. Personnel who are experiencing symptoms of heat stress or have a medical complaint shall remain in the Medical Unit for further evaluation, or be transported to definitive care facility as per Santa Clara County EMS Policies and treatment guidelines.
 5. A Patient Care Record shall be completed for each patient that receives ALS medical treatment or is transported via ambulance.
 6. Crews shall not leave the Medical/Rehabilitation Unit until authorized and the company officer checks out with the Medical Unit Leader or designee.
 7. Personnel released from Rehabilitation will be available for reassignment.
 8. Should a responder from a neighboring agency (Auto Aid/Mutual Aid) require treatment or transportation, the agency having incident jurisdiction shall notify the employee's agency representative through the IC.

V. Minimum Recommended Equipment

1. One ALS transport unit.
2. Communications equipment capable of monitoring command and tactical frequencies.
3. Medical monitoring equipment
4. Drinking fluids
5. Equipment to identify the Rehab Area (i.e. fire-line tape, traffic cones, delineators)
6. Cooling equipment,(i.e. shade tents, fans, cold packs)
7. Seating
8. ICS Vests and ICS Forms 214 and 206.

VI. Medical Protocols/Guidelines

All medical treatment administered by the Rehab/Medical Unit shall comply with all Santa Clara County EMS Policies and treatment guidelines.

Initial Vital Signs: If personnel display any of the following symptoms they are to be transferred to the Medical Treatment Area for further evaluation.

1. **Pulse Rate:** Symptomatic Bradycardia or Significant Tachycardia or irregular heartbeat.
2. **Blood Pressure:** Systolic <90 or >180
3. **Respirations:** <10 or >28/min
4. **Mental Status:** any significant change in normal mental status, Not articulate
Disoriented Dizziness
5. **Skin:** Cool, clammy and red coloration or white chalky appearance. (A combination of these as opposed to having one or the other)
6. **Pupils:** Abnormal (Sluggish to react?)
7. **Chest Pain, dizziness, shortness of breath, weakness**
8. **Vomiting/ Nausea**
9. **Any vision abnormalities**
10. **Muscle pain, cramping or excess fatigue**

11. Symptoms of heat or cold-related stress

Reference

ICS 420-1 Field Operation Guide (FOG Manual)

NFPA 1584 – Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises (2015 Edition)