

## POLICIES AND PROCEDURES

### STANDARD OPERATING PROCEDURES FIREFIGHTER REHABILITATION AT EMERGENCY SCENES

#### SECTION III, 8.0 -

July 1, 2011

Approved by R. Dale Horne – Fire Chief

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#### PURPOSE:

A primary mission for Anderson City Fire 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..”*

#### PROCEDURE:

##### 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 AFD Incident IC (IC) in consult with the Fire Safety Officer or the EMS Supervisor. If the AFD 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 AFD IC.

##### II. LOCATING THE REHAB DIVISION:

It is crucial for AFD 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.





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- 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 AFD 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.

### VII. TREATMENT DURING REHAB:

Upon completing the physical examination, the following steps should be taken to minimize further risk to AFD-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.
  - 4. Individuals should be offered oxygen therapy via O2 mask (humidified or Nebulized)
  - iv. Standing rest before reporting for further assignments

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- v. 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.

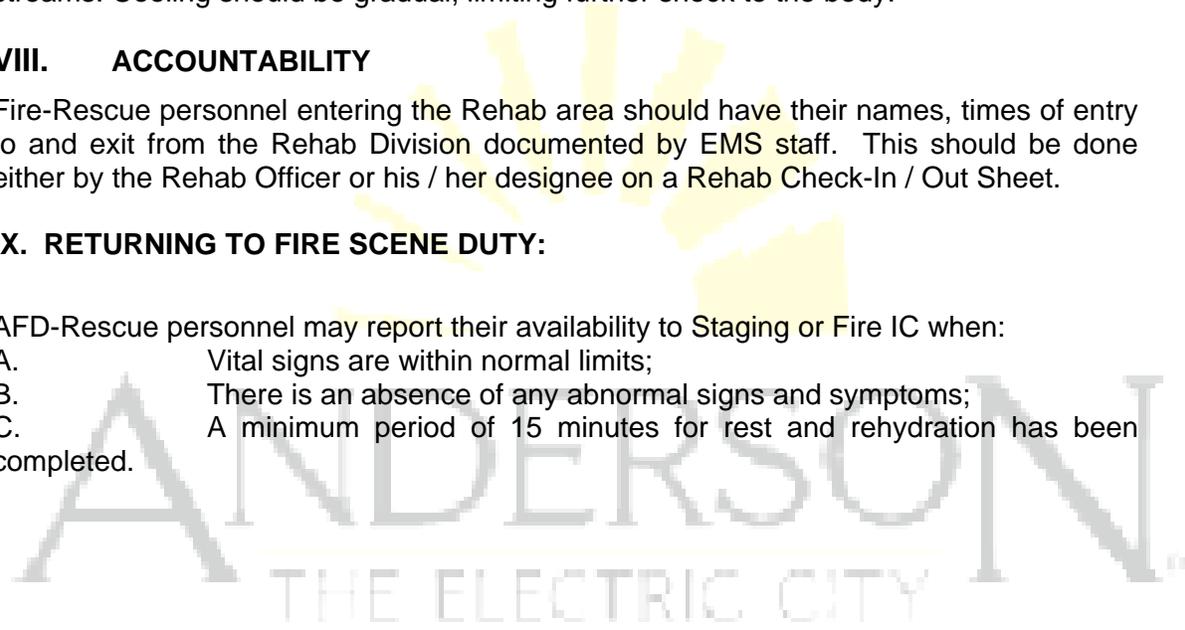
### VIII. ACCOUNTABILITY

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:

AFD-Rescue 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.



<i>Implemented</i>	<i>April 5, 2000</i>	<i>Jack Abraham</i>
<i>Reviewed</i>	<i>July 1, 2010</i>	<i>R. Dale Horne</i>
<i>Reviewed</i>	<i>July 1, 2011</i>	<i>R. Dale Horne</i>