

	Terryville Fire Department Best Practices	
	<u>Subject</u> Personnel Rehabilitation	BP# 1-12
	<u>Authority</u> Chief of Department	Initiated 8/1/2017 Revised 10/5/2017

A. PURPOSE

- To ensure the monitoring of the health and welfare of personnel operating at an incident after using SCBA or working under high stress or strenuous situations.

B. POLICY

- The Incident Commander (IC) is responsible for the overall safety and well-being of personnel operating at an incident.
 - The IC may delegate an individual to assume EMS Command, who will supervise the Rehabilitation (Rehab) function. The individual assuming EMS Command should be at least an EMT.
- The Incident Commander shall establish the location of the Rehab area. The location of the rehabilitation sector shall provide protection from environmental elements. The location shall be far enough away from a hazardous atmosphere where personal protective equipment and self-contained breathing apparatus can be removed. When feasible, the location shall also be easily accessible to EMS transport units. Smoking is prohibited in the rehab sector. The Rehab area should contain the following:
 - Medical Treatment Area
 - Transport Ambulance
 - Support Area (Signal 8)
 - Equipment Area (Bunker Gear, SCBA, tools, etc.)
- Additional ambulances may be requested to assist in the Rehab function
- Personnel shall go to Rehab under the following situations:
 - Any personnel ordered to by the IC, any line officer, or Safety Officer.
 - Firefighters assigned to interior assignments and on SCBA.
 - Firefighters who have completed 45 minutes of work time.
 - Personnel needing rest from over exertion
- Personnel entering the Rehab area will be logged in using the attached Rehab Log (attachment 1). The log will be submitted to the Safety Officer or IC prior to units being released from the scene.

- The completion of a Pre-hospital Care Report (PCR) will not be required for personnel in Rehab unless the individual needs medical attention, whether or not they are transported to a hospital or refuse transport.
- Upon entering the Rehab area, personnel should remove excess Personal Protective Equipment (PPE) as appropriate. Individuals will ensure they have been logged in and then receive initial medical screening. Individuals that have entered the Rehab area shall not leave until cleared by the Rehab Officer.
- Rehab personnel will obtain and record, at a minimum, a screening upon an individual's entry into the Rehab Area and again prior them leaving.
 - Any complaints
 - Focused Physical Assessment based on complaints
 - Basic Neurological Assessment
 - Temperature (optional)
 - Pulse
 - Blood Pressure
 - Pulse Oximetry (when available)
 - CO Oximetry (Rad-57) (if available)
 - Skin Characteristics
- If at any time, a screening reveals any of the following criteria, the Rehab Officer will notify EMS Command or the IC, and request ALS support (if not already present) and prepare for transport to a hospital.
 - Altered Mental Status
 - Chest pain
 - Shortness of breath
 - SpO2 < 95% after O2 started
 - Irregular Pulse/Arrhythmias
 - Temperature greater than 102 degrees F
 - Skin hot and moist/dry and flushed (suspected heat stroke)
 - Pulse greater than 150
 - Pulse greater than 140 after rest/cool down
 - Systolic BP greater than 200 at any time
 - Diastolic BP greater than 120 at any time
 - Any injury needing immobilization and/or emergent treatment
 - Inability to orally re-hydrate (vomiting any water intake)
 - Any CO reading with/without symptoms that according to Suffolk County Protocol will require transport
- Any personnel not meeting the above criteria using the information obtained during the initial screening, will be provided treatment as necessary:
 - Oral re-hydration with at least 12 oz. of water or sports drink
 - Cooling/heating
 - Dressing of minor wounds/lacerations

- No personnel will be authorized to return to duty until the following thresholds have been met:
 - Pulse is less than 120
 - Systolic BP greater than 160 and less than 100
 - Diastolic BP greater than 90
 - SpO2 greater than 95% off of oxygen
 - Temperature greater than 100.6 degrees F

- Any firefighter who exceeds the above thresholds shall have 10 minutes of continuous rest before a re-evaluation is completed. If, after 10 minutes of continuous rest, the above thresholds have not returned to normal, the firefighter shall have an additional 20 minutes of continuous rest.

- If, after an additional 20 minutes of continuous rest, the above thresholds have not returned to normal, the firefighter becomes a patient and a PCR shall be initiated. It is recommended that he/she be transported to the hospital. An RMA may be accepted only if completed through medical control. Anytime a PCR is initiated, the firefighter shall not return to duty until medical clearance from the district physician is received.

- Based upon the vitals received, the Rehab Officer will consult with the Safety Officer and coordinate the return to service of personnel dependent upon the status of the alarm. The Rehab Officer will review the log and make a one of the following determinations:
 - Individual may return to full duty – no remarkable complaints/vitals normal
 - Individual refused medical attention (RMA). PCR must be completed and individual is placed out of service.
 - Transport to hospital
 - Individuals that are transported or RMA will remain out of service until getting cleared by the district medical provider.

- Personnel that are found to have bypassed the Rehab area or depart without being cleared will be relieved from duty pending medical clearance from the district physician.

C. REQUIRED EQUIPMENT / SUPPLUES

- The medical station within the Rehab Area will have the following:
 - BLS resuscitation equipment (O2, BVMs, AED)
 - BP Cuffs and stethoscopes
 - Immobilization equipment
 - Heating/Cooling devices
 - Water
 - Blankets
 - Rehab Log
 - Portable Radio
 - ALS availability

- The support area will provide Signal 8, such as food, water, sports drinks, hot drinks, etc.

D. RESPONSE / PERSONNEL

- The Rehab area will generally be comprised of a combination of district ALS staff and volunteer BLS personnel.
- As additional EMS providers become available, additional Medical Treatment Areas may be established.

Terryville Fire Department Firefighter Rehab Log

Incident Number		Date	
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Name/Badge				Time in		Time out		Unit	
Time	B/P	Pulse	Resp	SpO2	CO	Skin	GCS	Lung sounds	Pupils
	/			%	%				
	/			%	%				
	/			%	%				
	/			%	%				
	/			%	%				
	/			%	%				
Name/Badge				Time in		Time out		Unit	
Time	B/P	Pulse	Resp	SpO2	CO	Skin	GCS	Lung sounds	Pupils
	/			%	%				
	/			%	%				
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	/			%	%				
Name/Badge				Time in		Time out		Unit	
Time	B/P	Pulse	Resp	SpO2	CO	Skin	GCS	Lung sounds	Pupils
	/			%	%				
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