

3.1.2.10 Incident Scene Rehabilitation



YOUR ORGANIZATION
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Incident Scene Rehabilitation

SECTION/TOPIC: Safety at Emergency Incidents

NUMBER: 3.1.2.10

ISSUE DATE:

REVISED DATE:

PREPARED BY:

APPROVED BY:

X

Preparer

X

Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

1.0 POLICY REFERENCE

CFR

NFPA

NIMS

2.0 PURPOSE

This standard operating procedure/guideline addresses rehab officer functions, monitoring responder's emotional and physical condition, rotation of personnel, requesting relief, rehabilitation area and supplies, food and fluid replenishment.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 Rehab Officer Functions:

It is the policy of the City Fire Department that no member will be permitted to continue emergency operations beyond safe levels of physical or mental endurance. The intent of the Rehabilitation Sector is to lessen the risk of injury that may result from extended field operations under adverse conditions. The Rehabilitation Sector, radio designation REHAB, will be utilized to evaluate and assist personnel who could be suffering from the effects of sustained physical or mental exertion during emergency operations. Rehab Sector will provide a specific area where personnel will assemble to receive:

1. A physical assessment
2. Revitalization - rest, hydration and refreshments
3. Medical evaluation and treatment of injuries
4. Continual monitoring of physical condition
5. Transportation for those requiring treatment at medical facilities
6. Initial stress support assessment
7. Reassignment

A Rehab Team concept will be utilized wherever possible to establish and manage the Rehab Sector. This team will consist of:

1. Rehab Truck
2. Utility Truck
3. Rescue Truck
4. ALS Company
5. Designated Sector Officer with Crew

A Rehab truck will be dispatched on all First Alarm or greater incidents. It will continue to be the responsibility of Command to make an early determination of situations requiring the implementation of a Rehab Sector.

Command should assign xxx as the initial Rehab Sector officer whenever possible.

At times, due to the incident size or geographic barriers, it may be necessary to establish more than one Rehab Sector. When this is done, each sector will assume a geographic designation consistent with the location at the incident site, i.e. Rehab South, Rehab North.

A City bus may also be called to the incident scene to provide cooling.

The Rehab Sector and truck should be located in an appropriate position near the Command Post whenever possible. A utility truck and the mobile canteen will also be assigned to this sector.

The Rehab Sector area boundaries will be defined with blue tape and will have **only one** entry point. It will be divided into the following four sections:

SECTION A: Entry Point

This is the initial entry point and decontamination area. Members arriving at the entry point will remove their Personal Protective Equipment. Rehab Sector is responsible for Accountability and will assign a member to collect passports from crews and take a pulse rate on all crew members. Any member who has a pulse rate greater than 120 will report directly to Section C, Medical Treatment and Transport, where they will be treated appropriately. Members that do not require medical attention will then report to Section B, Hydration and Replenishment.

SECTION B: Hydration and Replenishment

This section is staffed by Rehab personnel that will provide supplemental cooling devices (active and/or passive cooling or warming as needed for incident type and climate conditions, fluid and electrolyte replacement, and the proper amount of nourishment.

Initial CID support will be provided in this section, if needed.

SECTION C: Medical Treatment and Transport

This section is staffed by an ALS crew and Rescue. Personnel reporting here will receive evaluation and treatment for heat stress and injuries. The ALS Company assigned will follow standard ALS Protocol and advise the Rehab Sector Officer of the necessity of medical transportation and extended medical attention requirements of personnel due to physical condition. Crews released from Section C will be released as intact crews to report to Section D.

The ALS crew in this section will pay close attention to the members:

- 1 Complaining of chest pain, dizziness, shortness of breath, weakness, nausea, or headache
- 2 General complaints such as cramps, aches and pains
- 3 Symptoms of heat stress
- 4 Changes in gait, speech, or behavior
- 5 Alertness and orientation to person, place, and time of members

After allowing 20 minutes for a cooling down period the pulse, blood pressure, and temperature will be rechecked. Any person with:

- A pulse greater than 70% of their maximum heart rate ($220 - \text{age} = \text{max hr}$)
- Blood pressure less than 100 systolic
- Blood pressure greater than 105 diastolic
- Temperature greater than 99.5F

Will be unavailable for reassignment to the incident and will require ALS treatment and evaluation. Further treatment may include relieving the member from duty for the remainder of the shift or transportation to the appropriate medical facility. The attending ALS unit will follow path protocol with Medical Control.

SECTION D: Documentation

Time-in and time-out for members/crews entering or leaving the rehabilitation area shall be documented. An EMS incident form shall be generated. Where emergency medical care is provided, an EMS Patient Care Report shall be generated and a copy placed in the member's employee health record.

SECTION E: Reassignment

Health Center staff officer will operate this section. This critical section determines a crews' readiness for reassignment. Diligent efforts and face-to-face communication with the Rehab Sector Officer are required. Personnel manning this section advise the Rehab Sector Officer of all companies' status for reassignment and crews that are running short or without a company officer. This information is relayed to Command by the Rehab Sector Officer. Crews without a Company Officer will be assigned to another company or have a member of the crew move up to the Captain's position.

The Rehab Sector Officer will collect accountability passports from companies reporting to Section A - Entry Point. The passports will be placed on a status board and all personnel will be logged on Rehabilitation Sector Personnel Log, Form No. xx. The log will indicate the assignments as directed by Command. Companies may be reassigned to operating sectors or released from the scene.

The Rehab Sector Officer will update Command throughout the operation with pertinent information including the identities of companies in Rehab, the companies available for reassignment, and the status of injured personnel. All personnel leaving Rehab will retrieve passports from the Rehab Sector Officer.

Company Officers **must** keep crews intact and report to the proper sections in Rehab. The Rehab Sector Officer will direct the crew to the proper sections; however, it is the Company Officer's responsibility to make sure crew members receive refreshments, rest and a medical clearance.

5.2 Monitor Responder's Emotional and Physical Condition:

5.3 Rotation of Personnel:

5.4 Requesting Relief:

5.5 Rehabilitation Area and Supplies, Food, and Fluid Replenishment: