

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title: Rehabilitation Sector Operations
Policy: 426.00
Purpose: To provide medical observation and rehabilitation to personnel on fire grounds, EMS scenes, and training operations. Victims on such scenes may be evaluated at the rehabilitation sector. These processes are intended to ensure that the physical and mental condition of the members operating at the scene of an emergency or a training exercise does not deteriorate to a point that affects the safety of each member or that jeopardizes the safety and integrity of the operation.

Policy:

This guideline is to be followed by all members of this department. The Incident Commander (IC) has full control of the scene; he/she is solely responsible for any deviation from this guideline.

Rehab Sector Operations

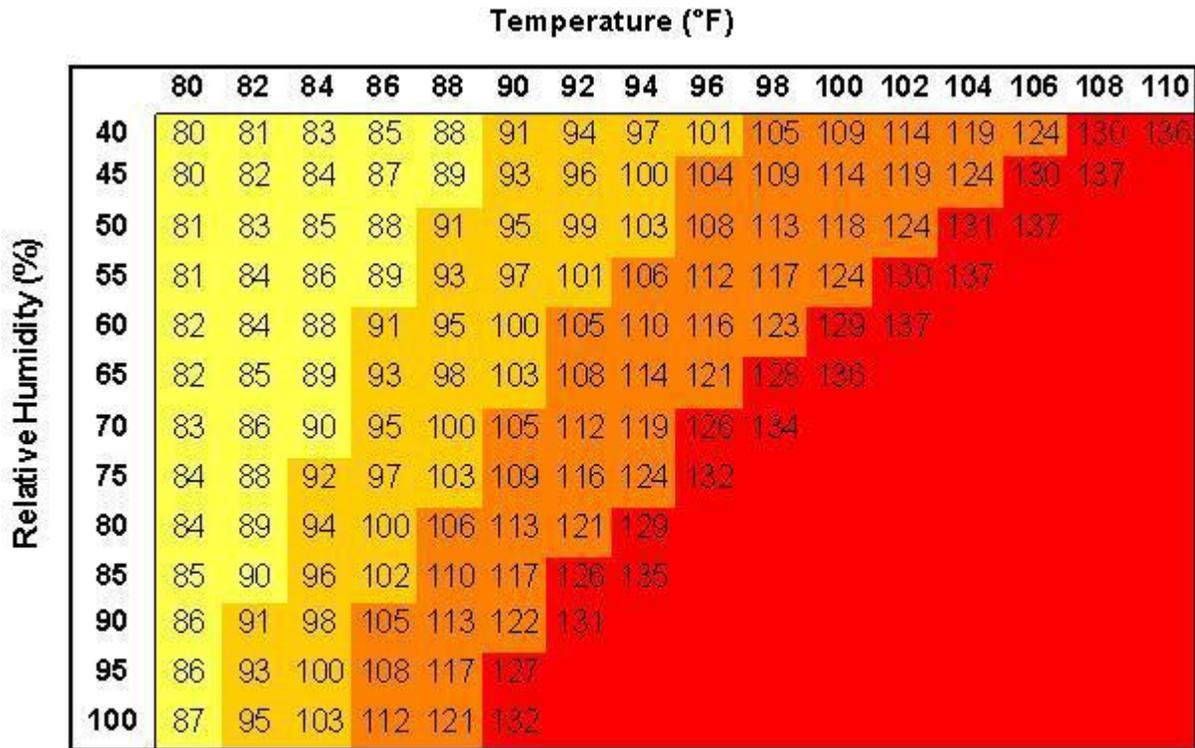
1. The incident commander will determine when to establish a Rehab medical sector. The accountability officer will be in communication with the Incident Commander and the Rehab Sector to assign relief or back-up crews to replace crews that are going to Rehab.
2. Fire and EMS personnel involved in fire ground operations at the scene of an incident will be evaluated at a Rehab Sector.
 - a. Crews will be assigned intact and stay together.
 - b. The use of the Personnel Accountability System shall include units or teams assigned to the Rehab sector.
3. Rotations through the Rehab Sector for rest, evaluation and treatment will be based on one of the following criteria determined by the IC:
 - a. The use of two air cylinders, or
 - b. At 45 minute to one-hour intervals of interrupted operations.
4. Crews reporting to Rehab will check-in with the Rehab Sector Officer or other medical personnel.
5. Rehab will be stationed away from the incident and running apparatus that are emitting any toxic fumes.
6. The Rehab sector will be located in a safe environment where crews can remove their PPE and their vital signs can be checked.
7. Vital signs are to be checked by EMS personnel and recorded (Rehab Sector worksheet) at ten-minute intervals, unless the vitals are critical. Vitals are to be checked a minimum of twice while at Rehab.
8. Okaloosa County EMS Medical Protocols and standing orders have jurisdiction over all personnel exhibiting signs of illness or injury.
 - a. Any person complaining of chest pain, shortness of breath, or found to have concerning vital signs, will be moved to rehab for further evaluation.
 - b. In these cases, the person will be treated and transported to the appropriate hospital per Incident Command.
9. After a fifteen minute rest, personnel evaluations are within normal range, the Incident Commander will be advised of the crew's availability for reassignment.

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10. All operating sectors should maintain an ongoing awareness of the condition of their personnel and use the Rehab Sector to combat excessive fatigue and exhaustion.
11. Personnel on the scene will be evaluated at least once.

Extreme Weather Considerations

1. Heat over 80° F (actual heat index):
 - a. Rehydration fluids on hand. (Replace fluid and electrolyte deficit.)
 - b. Cooling chairs/Mist fans in operation.
 - c. Shade tent or other structure established for Rehab Sector use.
 - d. May need additional support.

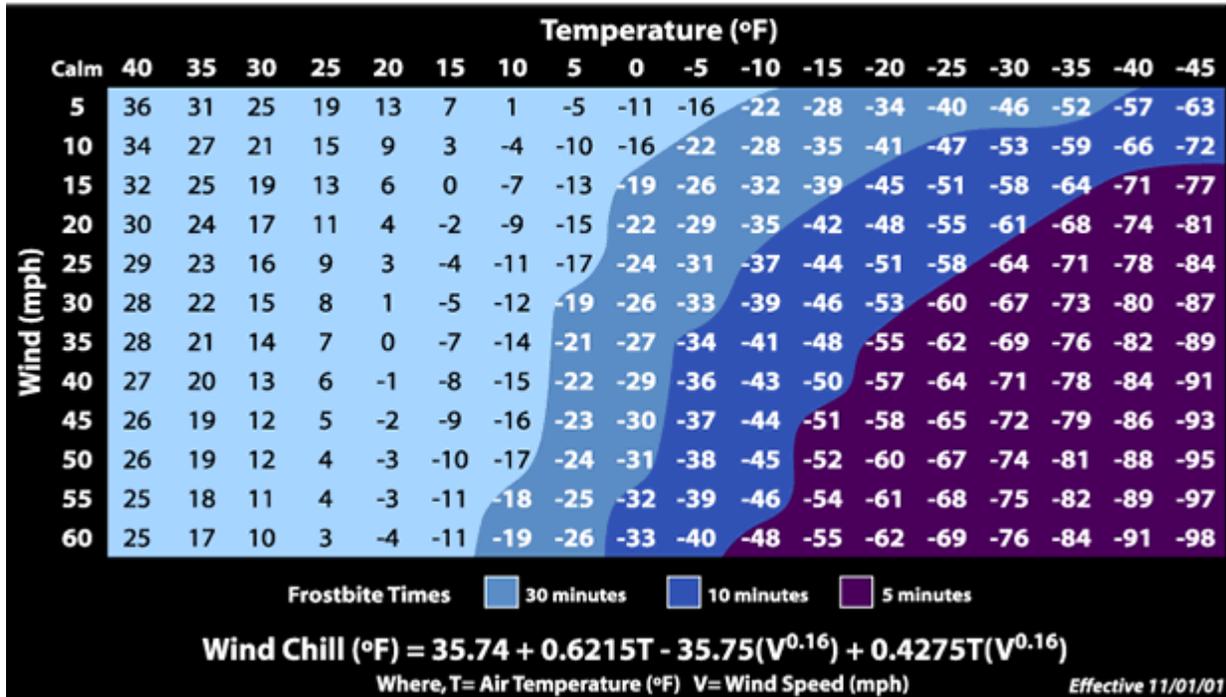


2. Cold weather below 40° F (keep wind chill factor in consideration):
 - a. Rehydration fluids on hand. (Replace fluid and electrolyte deficit.)
 - b. Enclosed structure established.
 - c. May need additional support.
 - d. Remove all wet PPE and have drying towels on hand.

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NWS Windchill Chart



Medical/Rehab Sector – Responsibilities

1. The Incident Commander shall be responsible for considering the circumstances of each incident and for making available adequate provisions for the rest and rehabilitation for all emergency workers.
2. Fire Officers shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate measures are taken to provide for their safety and health. The Medical Officer shall use the ICS to request relief and reassignment of fatigued crew members.
3. During periods of extremely hot weather and before any extended training exercise, personnel are required to pre-hydrate. In addition, all personnel operating at scenes shall take all opportunities to rehydrate themselves as often as possible.
4. Personnel assigned to operate the Rehab Sector will be responsible for several activities within the sector and should maintain a high profile to the sector at all times:
 - a. Primarily, the flow of personnel into and out of the sector will be coordinated and recorded.
 - b. The initial set up should be located at or around an ALS unit. If available, a tent or structure should be utilized to stay out of the weather.

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- c. EMS personnel assigned to the Rehab Sector will be responsible for obtaining vital signs of firefighters as they are assigned to rotate through Rehab.
5. When weather permits, a tarp should be put in place, and all the following items should be considered to be placed on the tarp:
 - a. bottled water,
 - b. container of liquid concentrate Gatorade,
 - c. cups,
 - d. ALS and BLS equipment.
6. If weather does not permit these items may be kept in the medic unit or under other cover.
7. On hot weather days (if available) the misting fan is to be located outside the rehab area or tent, in an open area with seating in front of them. Cooling towels will be set up for personnel having their vitals assessed in the Rehab Sector and for personnel waiting to have their vitals reassessed.
8. A running tally of crews in Rehab and those who are available for reassignment must be kept available at all times.
9. Crews will have a minimum of 15 minutes to spend in Rehab. Fluid replacement should be high priority and available for crews when they are in Rehab.
10. When involved in firefighting operations, crews will be given electrolyte enriched water during the first hour.
11. During cold weather operations, warm drinks may be offered by support crews and only taken in moderation (if available).
12. Smoking is not allowed in or near the Rehab Sector area.

Vital Sign Guidelines

1. When firefighting crews arrive at the Rehab Sector, they will be instructed to remove PPE as deemed necessary and a complete set of vitals will be taken.
2. The following procedures are to be used in the evaluation of fire ground personnel during a Fire or EMS incident:
 - a. When utilizing the forehead thermometers, ensure the forehead is dry and clean.
 - b. In cases where signs/symptoms of carbon monoxide exposure are present, follow [carbon monoxide guidelines](#).
3. Transport to medical facility for any of the following:
 - a. Temperature greater than 102°F (38.9°C).
 - b. Temperature greater than 101°F (38.3°C) if other symptoms present.
 - c. Irregular pulse.
 - d. Pulse greater than 120.
 - e. Systolic BP > 200 after rehab.
 - f. Diastolic pressure > 130 anytime.
 - g. Any signs of dyspnea.
 - h. Any signs of mental status change.
 - i. Chest pain

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4. Firefighters may return to the incident if appropriate rehydration has occurred and the following vital sign criteria are met:
 - a. Heart rate < 100.
 - b. Systolic BP between 100 and 160.
 - c. Diastolic BP < 90.
 - d. Temperature < 99.5°F (37.5°C).

EMS Reports

1. A report will be completed for all Rehab/Fire standbys.
2. A patient care report will be completed when any firefighter/patient is transported or when a firefighter/patient requires transport but refuses.
 - a. The Incident Commander will be notified of any transport/refusal.
 - b. If a refusal is obtained, the Incident Commander or EMS Shift Commander will sign as a witness and document as appropriate.
3. A patient care report will be completed for any firefighter/patient exhibiting illnesses, injury, or medical problems.

Accountability and Compliance:

1. It is the responsibility of all employees providing assessment and care in the rehab sector to follow these guidelines to ensure firefighter safety and welfare.
2. All patient care reports generated from an incident at which a rehabilitation sector is established will be reviewed for compliance with clinical core measures established by the Quality Assurance Committee.
3. Shift Training Officers will present review findings to the EMS Medical Director at the Medical Director / QA Committee meeting.

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