Rogers Fire Department Standard Operating Procedures



1888			
Policy Title:	Incident Rehabilitation		
Policy Number:	308	Volume:	Safety
Approved By:	Tom Jenkins	Last Reviewed:	December 2021
CFAI Reference:	N/A	CAAS Reference:	N/A
Revision Summary:	Created – September 2010		
-	Formatted – May 2012		
	Updated – December 2021 (Content)		

PURPOSE

The purpose of this policy is to provide direction on the physical and mental condition of personnel operating at a scene of an emergency or training exercise.

POLICY

A designated rehabilitation area will be set up at the discretion of the incident commander. The primary method for incident rehabilitation shall be from members of the Physical Resources Unit as they staff the Air and Light Unit. This apparatus is the designed rehabilitation unit for the Department. The climatic or environmental conditions of the emergency scene should not be the sole justification for establishing a rehabilitation area. 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 rehabilitation.

Preventative Hydration and Nourishment

A critical factor in the prevention of heat injury is the management of water and electrolytes. To maintain adequate hydration personnel should drink at least eight ounces of water every six hours in addition to fluids ingested with meals. When a specific event that personnel have to participate in is known in advance, pre-hydration shall include sixteen ounces of fluids within two hours prior to the event. The goal of pre-hydration is to start any rescue or firefighting activity in a hydrated state. Pre-hydration should be performed throughout the day to enable fluid absorption and allow your urine output to return to normal levels. The department should provide food at the scene of an extended incident when units are engaged for three or more hours.

Rehabilitation Process

The "two cylinder rule" is recommended as an acceptable level prior to mandatory rehabilitation. Personnel shall rehydrate while SCBA cylinders are being changed. Firefighters having worked for two full 45-minute rated cylinders shall be placed in the rehabilitation area for rest and evaluation. Once rotated to a rehabilitation area, crews shall remain there for a minimum of ten minutes. Once relieved from the rehabilitation area, crews will report to staging for reassignment. Personnel accountability shall be maintained while in the rehab area. Crews must not automatically return to a previous assignment unless specifically told to do so by the incident commander.

Medical Evaluations

If necessary, a medic unit should be assigned to the rehab area. Their ICS designation should be the "Rehabilitation Group". They shall evaluate vital signs, examine personnel, and make proper disposition (return to duty, continue rehab, or medical treatment and transport to hospital). Continued rehabilitation should consist of additional monitoring of vital signs, providing rest, and providing fluids for rehydration. Personnel should be assertive in an effort to find medical problems early. If the personnel condition, symptoms, or medical history indicates potential serious problems, then the on scene treatment and transportation to a medical facility should be prompt and aggressive.

Responsibility

Company officers should activity monitor personnel assigned to them. The command structure shall be utilized to request relief and the reassignment of fatigued crews. During periods of hot weather, personnel shall be encouraged to drink water throughout the workday. During any emergency incident or training evolution, all personnel shall advise their supervisor when they believe that their level of fatigue or exposure to heat or cold is approaching a level that could affect themselves, their crew, or the operation in which they are involved.

General Guidelines for Rehabilitation of Personnel

All personnel reporting to the rehabilitation group shall remove bunker gear. Rehydration and cooling should be done with wet towels and ice water. The heart rate should be measured as early as possible in the rest period. If a personnel heart rate exceeds 110 bpm, an oral temperature should be taken. If the personnel temperature exceeds 100.6F he/she should not be permitted to wear protective equipment. Cardiac monitoring will be at the paramedic's discretion.