



Emergency Scene Rehabilitation Regional Procedure

Adopted by:
WCFA

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PURPOSE

To provide for the physical well-being and medical monitoring of Emergency Response Personnel, hereafter referred to as “personnel”.

BACKGROUND

The Emergency Scene Rehabilitation is of paramount importance to the health and wellbeing of personnel operating at emergency scenes and training evolutions. This regional policy is designed to provide a standardized approach to rehabilitation across the county and provide direction for Williamson County EMS and all First Responder Organizations(FRO's). This policy draws its procedures directly from NFPA 1500, 1561, 1584 and the recommendations of the IAFF and IAFC.

DEFINITIONS

Rehabilitation (Rehab) – an intervention designed to mitigate against the physical, psychological, and emotional stress of firefighting in order to sustain a member’s energy, improve performance and decrease the likelihood of on-scene injury or death.

Rehab Ambulance – Usually a Williamson County EMS (WCEMS) medic unit(s) or other agency ambulance assigned to the event. This unit shall have the responsibility for Medical Monitoring.

Rehab Group Officer – A single EMS person responsible for establishing and managing the Rehab Group, usually the lead medic on the first arriving unit. This person will be appointed by the Incident Commander, and reports to the on-scene Medical Branch Director, Medical Unit Leader or in the absence of those two positions, the Incident Commander.

Recycling – completed near the incident, by the personnel themselves. It is short in duration and personnel return to work quickly after replacing an SCBA bottle and getting water and new orders from their supervisor.

Active Rehab – completed in the designated Rehab location. While in active rehab personnel will undergo Medical Monitoring, and rest and recuperate until they are prepared to be released by the Rehab Group Officer.

Medical Monitoring - The ongoing evaluation of personnel who are at risk of suffering adverse effects from stress or from exposure to heat, cold, or hazardous environments

PROCEDURES

Operating at Incident Scenes and Training Exercises:

- The Incident Commander shall consider the circumstances of each incident and initiate rest and rehabilitation in accordance with this policy.
- On scene rehabilitation shall include at least basic life support care.
- Each member operating at an incident shall be responsible to communicate rehabilitation and rest needs to their supervisor.

- Company officers shall continuously assess their crew at least every 45 minutes and more frequently when working in extreme conditions to determine their need for rehabilitation.
- Members shall undergo rehabilitation following the use of a second 30-minute or 45-minute self-contained breathing apparatus (SCBA) cylinder, a single 60-minute SCBA cylinder, or 40 minutes of intense work without SCBA.
- Members entering rehabilitation for the first time shall rest for a minimum of 10 minutes and longer where practical.
- Members shall rest for a minimum of 20 minutes following the use of a second 30-minute or 45-minute self-contained breathing apparatus (SCBA) cylinder, a single 60-minute SCBA cylinder, or 40 minutes of intense work without SCBA.
- Personnel shall not be permitted to use more than two SCBA cylinders before they are sent to rehabilitation.

Establishment of Rehab

Rehab should be established by the Incident Commander as a function of Incident Management. Responding WCEMS Medic units and Commander(s) should be utilized to assist in establishing and managing Rehab. Incident Commanders should establish a Rehab Group during events when prevailing environmental conditions are difficult, events will be extended in duration, or events requiring personnel to utilize SCBA / Structural PPE for mitigation.

Location of Rehab

The location of Rehab will be designated by the Incident Commander or the Rehab Group Officer. The location for Rehab must meet the following criteria:

- Be sufficient distance from the operation that members can safely remove their PPE and can be afforded physical and mental rest.
- Include an area where members can remove and leave their PPE prior to entering the designated rehab area
- Provide protection from environmental conditions
- Be free from exhaust fumes from apparatus, vehicles or equipment, air monitoring should be considered
- Be large enough to accommodate personnel, based on size of the incident
- Include a medical monitoring and treatment area
- Allow access to transport members to medical treatment facility if needed

Rehab Accountability

The Rehab Group Officer is responsible for accountability of personnel and their operational status while they are in Rehab. All personnel in Rehab shall check in and out for accountability. The following will be recorded for all personnel entering Rehab:

- Name
- Unit
- Home Department
- Arrival Time in Rehab
- Rehab Status

Active Rehab, & Medical Monitoring Exclusion Criteria

WCEMS SOG #1.39, Emergency Incident Rehabilitation and Medical Monitoring, provides the guide for personnel to follow during Active Rehab. Additionally, it provides “exclusion criteria” that shall prevent Rehab Personnel from releasing the member back to incident mitigation tasks.

Personnel meeting the above criteria will be sent to Rehab for Active Rehab and Medical Monitoring.

- **Active Rehab**

- Crews entering Rehab may be offered the following sustainment therapies, if available:
 - Hydration via bottled water
 - Cooling via climate control and/or cool damp rags
 - Oxygenation via NRB for 5 minutes followed by a 10-minute evaluation period if the responder meets the following criteria:
 - Initial CO reading of 5-10 (10-15 in smokers), asymptomatic, and responder elects to participate

In support of Active rehab, FRO should provide supplies i.e. O2 cylinders, NRBs

FRO is responsible for replacing supplies utilized during active rehab

- **Medical monitoring exclusion criteria**

- Personnel will be recommended for temporary exclusion from operations and rest for a minimum of 20 minutes for vital signs outside of the following parameters:
 - Systolic BP > 160mmHg or < 100mmHg
 - Diastolic BP > 100mmHg
 - Pulse > 120bpm
 - Temperature > 100.6°F
- Rehab will closely monitor these personnel with frequent re-assessment of vital signs and pertinent negatives; if vital signs do not return to below the parameters listed above, these personnel will be sent to the Medical Group for further evaluation and treatment
- Personnel will be recommended for exclusion from operations and sent to the Medical for treatment and transport PRN for the following:
 - Systolic BP > 200mmHg or < 90mmHg
 - Diastolic BP > 110mmHg
 - Pulse > 150bpm or irregular without prior history
 - Respirations > 32bpm
 - Temperature > 100.6°F after twenty minutes of rest and cooling
 - Carbon monoxide (CO) >10% after twenty minutes of high flow O2 and/or signs/symptoms of CO poisoning
 - Any abnormal findings of the pertinent negatives

DOCUMENTATION AND RECORDS

Documentation and records will be recorded by the medical ambulance crew providing rehab. These records are HIPAA protected and organizations wishing to obtain their personnel’s rehab records shall provide Williamson County with signed medical release forms for all of their personnel records being requested, and shall submit a formal records request through the EMS custodian of records. If rehabilitation is provided by an organization other than Wilco EMS, the same process should be followed for that organization.

