Clinton County Fire Chief's Association

Emergency Incident Rehabilitation Procedure

Adopted: November 2010

INDEX

1. Scope/Purpose
2. Responsibilities
3. Rehabilitation Area Characteristics
4. Rehabilitation Procedures/Efforts
5. Documentation

Appendices

Clinton County Fire Chief's Association

Emergency Incident Rehabilitation Procedure

1. Scope/Purpose

The physical and mental demands associated with firefighting and other emergency operations, coupled with environmental dangers of extreme heat and humidity or extreme cold, create conditions that can have an adverse impact upon the safety and health of the individual emergency responder. Emergency Incident Rehabilitation is an essential element on the incident scene or training evolution to prevent adverse and serious conditions that could affect the emergency responder's safety and health.

This procedure will:

1. Provide for the safety of all personnel operating at an emergency scene or training evolution through effective rehabilitation.

2. Comply with National Fire Protection Association Standards 1500, 1584 and other National, State and Local regulations pertaining to safety of emergency personnel.

3. Provide for a uniform platform for all Emergency Response Agencies to establish Emergency Incident Rehabilitation at actual incidents and training evolutions.

2. Responsibilities

1. It shall be the responsibility of the Incident Commander to evaluate the conditions of each incident or training evolution and make provisions early in the incident or training evolution for adequate rest and rehabilitation of all responders on the scene. The Incident Commander shall appoint a Rehab Officer when conditions warrant rehabilitation to be initiated and give the Rehab Officer sufficient authority to conduct rehab activities.

2. It shall be the responsibility of the Rehab Officer to establish an adequate Rehabilitation Area (Rehab Area) and procure the needed supplies and personnel. The Rehab Officer will be responsible for maintain

accountability of all personnel/responders in the rehab area and informing the Incident Commander or Company Officer of an individual responders ability to continue functioning at the scene and release personnel when rehabilitation is complete.

3. Company Officers shall be responsible for their Company's Responders and recognizing the need for rehabilitation. The Company Officers shall send responders to rehab in accordance to the guidelines provided and enforce the rehab procedure.

4. Individual Responders are responsible for themselves and their team members. Responders shall be able to recognize the signs of environmental stress and the need for rehabilitation. Any responder the believes he/she is experiencing environmental stress conditions shall remove himself from duty and report to rehab after notifying his/her Company Officer.

3. **Rehabilitation Area Characteristics**

1. The Site shall be far enough from the incident scene so that Responders can safely remove their Personal Protective Equipment (PPE) and be afforded physical and mental rest.

2. The Site shall be of sufficient size to accommodate multiple crews and rehab personnel, based on the size of the incident.

3. The Site shall provide protection from the prevailing environmental conditions.
    - In Hot or Humid Weather, provide shade and/or air condition.
    - In Cold Weather provide heat and shelter from wind.

4. The Site shall be free of exhaust fumes from apparatus, vehicles and equipment.

5. The Site shall provide ample room for medical monitoring.

6. The Site shall provide for access of EMS transport vehicles for transportation of responders as needed.

4. **Rehabilitation Procedures/Efforts**

1. Responders shall undergo Rehabilitation after the use of a second 30-minute Self-Contained Breathing Apparatus (SCBA) cylinder, one 45-minute SCBA cylinder, one 60 minute SCBA, after 40 minutes of intense work without and SCBA or upon leaving the Decontamination Area of a Hazardous Materials Incident.

2. Responders entering Rehab for the first time should rest for a minimum of 10 minutes and drink at least 8 ounces of water or oral electrolyte solution (i.e. Gatorade).

3. Rehabilitation Efforts should include the following:
    - Relief from Climatic Conditions
    - Rest and Recovery
    - Active and/or Passive cooling or warming as necessitated by climatic conditions
    - Rehydration (fluid replacement)
    - Caloric or electrolyte replacement, as needed for longer duration incident
    - Medical monitoring
    - Responder Accountability
    - Release

4. Emergency Medical Services (EMS) shall be available as part of the Incident Rehabilitation for medical monitor and treatment of responders.

    - Basic Life Support (BLS) shall be the minimum available for care EMS personnel shall evaluate Responders as they arrive at rehab for signs/symptoms suggestive of Health and/or Safety concerns.
    - Symptomatic Responders, or those with abnormal findings, shall receive continued medical monitoring and be held in the Rehab Area until released by EMS personnel.
    - Any Responder treated for heat related illness should be removed from active duty at that incident
    - EMS personnel should assess each responder prior to being released from the Rehab area

- EMS shall make the decision on whether a Responder needs transported for further medical evaluation at an Emergency Department. If deemed necessary that Responder will be transported to an appropriate facility as designated by the Incident Commander or State/Local Protocol.

5. **Documentation**

1. All Responders entering to the Rehab will be logged on the Emergency Incident Rehab Accountability Form. The Form will noted the time the responder entered rehab, if hydration was provided, if EMS assessed the Responder, whether the Responder was transported, whether the Responder was released for duty and the time the Responder left Rehab area.
2. Any Responder that is transported to an Emergency Department for further evaluation or treatment will have a Medical Record completed by the transporting unit, in accordance with applicable State/Local laws and regulations.
3. All Rehabilitation Logs will be turned over to the Incident Commander at the end of the incident or when the Rehab Area is discontinued.

Emergency Incident Rehab Accountability Form

Incident Location:				Officer in Charge:			
Responder Name	Company	Time In	Hydration	EMS Assessed	Transport	Released	Time Out
Ex: John Smith	14	1822	**Yes**	**Yes**	**No**	**Yes**	1835

Heat Index Chart
Temperature (°F) vs. Relative Humidity

	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%
115	111	115	120	127	135	143	151								
110	105	108	112	117	123	130	137	143	151						
105	100	102	105	109	113	118	123	129	135	142	149				
100	95	97	99	101	104	107	110	115	120	126	132	136	144		
95	90	91	93	94	96	98	101	104	107	110	114	119	124	130	136
90	85	86	87	88	90	91	93	95	96	98	100	102	106	109	113
85	80	81	82	83	84	85	86	87	88	89	90	91	93	95	97
80	75	76	77	77	78	79	79	80	81	81	82	83	85	86	86
75	70	71	72	72	73	73	74	74	75	75	76	76	77	77	78

Heat Index/Heat Disorders

Heat Index	Possible heat disorders for people in higher risk groups
130 or higher	Heatstroke/sunstroke highly likely with continued exposure.
105-130	Sunstroke, heat cramps or heat exhaustion likely, and heat stroke possible with prolonged exposure and/or physical activity.
90-105	Sunstroke, heat cramps and heat exhaustion possible with prolonged exposure and/or physical activity.
80-90	Fatigue possible with prolonged exposure and/or physical activity.

Source: National Weather Service

NWS Windchill Chart

Wind (mph)	Temperature (°F)																	
Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times: 30 minutes, 10 minutes, 5 minutes

$$\text{Wind Chill (°F)} = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})$$

Where, T= Air Temperature (°F) V= Wind Speed (mph)

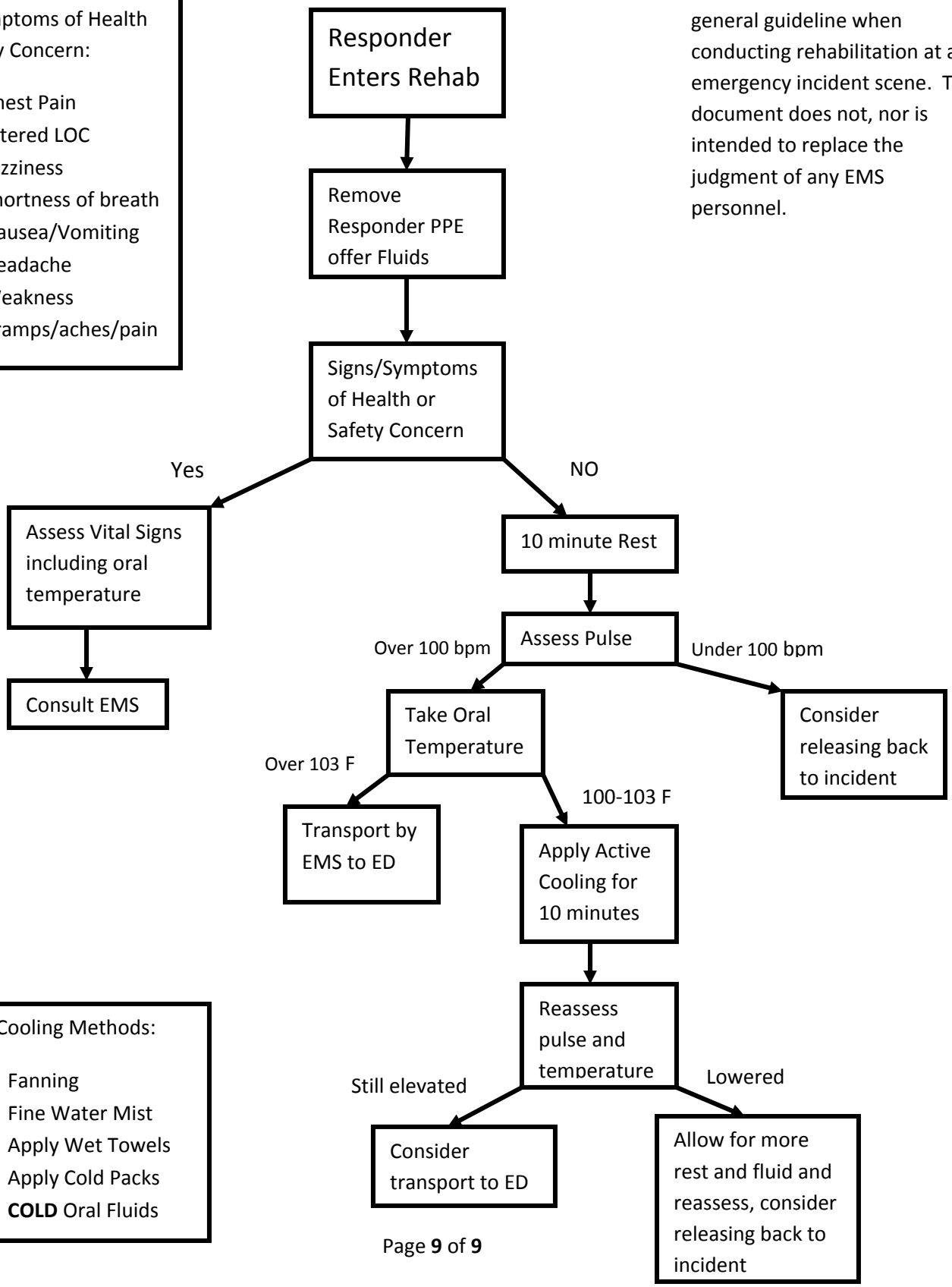
Effective 11/01/01

Emergency Incident Rehab
Decision Tree

This document is for use as a general guideline when conducting rehabilitation at an emergency incident scene. This document does not, nor is intended to replace the judgment of any EMS personnel.

Signs/Symptoms of Health and Safety Concern:

- Chest Pain
- Altered LOC
- Dizziness
- Shortness of breath
- Nausea/Vomiting
- Headache
- Weakness
- Cramps/aches/pain



Active Cooling Methods:

- Fanning
- Fine Water Mist
- Apply Wet Towels
- Apply Cold Packs
- **COLD** Oral Fluids