

	Standard Operating Guideline: OPS 20	
	Subject:	Rehab
	Effective Date:	August 30, 2017
	Revision Date:	
	Approval: EMS Representative:	<i>[Signature]</i>
	Fire Representative:	<i>[Signature]</i>
	Career Representative:	<i>[Signature]</i>
	Director:	<i>[Signature]</i>

Purpose: To provide career and volunteer FCDPS EMS Personnel with a standard operating guideline for providing medical rehabilitation at emergency incidents involving the possibility of fatigue, dehydration, heat, cold or physical exertion related injury.

I. POLICY:

- A. A rehab area can be set up at any incident at the request of the Incident Commander.
- B. All working fires will have rehab set up. A working fire is defined as a fire requiring considerable work to extinguish.
- C. The rehab area will be set up in a convenient and safe location that is agreeable with incident command, accessible to rapid egress and provides necessary shelter from elements.
- D. The rehab area will provide minimal shelter, hydration, rest and necessary basic medical attention for personnel involved in the incident. SCBA bottles for working fires will be changed in rehab area. All career EMS units will carry a six pack of water. The captain's trucks will carry additional water when ambient air temperature is above 75°F.
- E. The Attendant in Charge (AIC) of the second arriving EMS transport unit, or designee shall be in charge of the rehab area.

- F. The AIC of the rehab area, or designee will have a certification level of at least Emergency Medical Technician.
- G. The following equipment and supplies shall be located in the rehab area:
 - a. Blood pressure and pulse oximetry monitoring equipment.
 - b. High flow oxygen delivery equipment.
 - c. Adequate water/hydration for on scene personnel.
 - d. Adequate and available SCBA cylinders ready for use if applicable to incident.
- H. Rehab personnel will coordinate with incident command to rotate working Fire EMS personnel to ensure adequate rest and hydration.
- I. Fire EMS personnel working at incident shall report to rehab:
 - a. Voluntarily if overheated or overexerted. IC will be notified.
 - b. After a minimum 2 SCBA cylinders or 45 minutes of work.
 - c. Upon directive of incident command, incident safety officer or rehab personnel.
- J. All working Fire EMS personnel entering rehab area will have pulse oximetry and heart rate monitored.
- K. Personnel with heart rate >130 or <60 and an oxygen saturation of < 94% will be held in rehab for a minimum of 10 minutes or at the discretion of Incident Command and rehab AIC. PPE will be downgraded to a level allowing cooling and vital signs below outside parameters.
- L. All personnel entering rehab will drink at least one (8) ounce bottle of water.
- M. Incident command and rehab personnel reserve the right to hold personnel in rehab area until fit to return to work. Assessment of fitness for duty is left to the discretion of rehab AIC AND incident command.
- N. Need for transportation to emergency department or advanced level care (Advanced Life Support) is left to the discretion of the rehab AIC AND incident command.
- O. Any Fire EMS personnel transported from emergency scene by ambulance will have a Patient Care Record (PCR) completed and filed within 24 hours and reported to the incident commander/OSHA upon completion.
- P. The rehab area will be discontinued at request of Incident Command.