
DC Fire & EMS Special Operations: Emergency Incident Rehabilitation



Note Well: *The D.C. Fire and E.M.S. Department recognizes that the physical and mental demands associated with emergency services operations, coupled with the environmental dangers of extreme heat and humidity or extreme cold, with wind chill conditions, creates an adverse working environment for department members. Members who are not provided adequate rest and hydration during emergency operations and training exercises are at increased risk for illness or injury, and may jeopardize the safety of the others on the incident scene. When emergency responders become fatigued, their ability to operate safely is impaired. As a result, their reaction time is reduced and their ability to make critical decisions diminishes. Rehabilitation is an essential element on the incident scene to prevent more serious conditions such as heat stroke from occurring.*

The need for emergency incident rehabilitation is cited by several standards. Recent studies have concluded that emergency incident rehabilitation will result in fewer accidents and injuries. Emergency responders who are given prompt and adequate time to rest and rehydrate and receive medical screening for abnormal vital signs, may safely reenter the operational scene, after being cleared by the Rehab Officer.

The following Protocol will enable the Incident Commander to provide the required emergency services and ensure adequate safety precautions are adhered to.

I. Scope

1. This protocol shall apply to all emergency operations and training exercises where strenuous physical activity or exposure to heat or cold exists.

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II. Responsibilities

1. Incident Commander
 - A. The Incident Commander shall consider the circumstances of each incident and make adequate provisions early in the incident for the rest and rehabilitation for all members operating at the scene. These provisions shall include:
 - i. Medical evaluation,
 - ii. monitoring, treatment and transportation if needed.
 - B. Requesting the Canteen Unit, to assist with fluid replenishment and food, at extended operations.
 - C. Ensuring that members are given relief from extreme conditions.
2. Company or EMS Officers
 - A. All supervisors shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate steps are taken to provide for each member's safety.
 - B. The Company or EMS Officer shall utilize the Incident Command structure to request relief.
3. Personnel
 - A. During hot weather, members shall be encouraged to drink water throughout the workday. If members participate in physical training they are to pay strict attention their intake of fluids and ensure that they are properly hydrated.
 - B. If a member believes that their level of fatigue or exposure to the environment is approaching a level that could affect themselves, their crew, or the operation, they are to immediately notify their Company or EMS Officer.

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III. Establishment of a Rehabilitation Sector

1. Responsibility
 - A. The Incident Commander will establish a Rehab Sector when conditions indicate that the rest and rehabilitation is needed for personnel operating at an incident scene.
 - i. Second Alarm Fires.
 - ii. Prolonged rescue operations.
 - iii. Training exercises.
 - B. The Rehab Officer will be a paramedic and will have the authority of the Safety Officer when concerning member's medical conditions only.
 - C. The Rehab Officer will report to the EMS Control Officer.
2. Location
 - A. The Incident Commander will designate the location for the rehab area. If the Incident Commander has not selected an appropriate location, the Rehab Officer shall select an appropriate location based on the site characteristics.
3. Site Characteristics
 - A. It should be in a location that will provide physical rest by allowing the body to recuperate from the demands of the incident.
 - B. It should be far enough away from the scene that members may safely remove their personal protective equipment.
 - C. It should provide suitable protection from the environmental conditions (Consider Rehab Unit). It should be free of fumes and byproducts from the incident.
 - D. It should be easily accessible by EMS units, Canteen Unit Rehab Bus.

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III. Establishment of a Rehabilitation Sector (continued)

4. Site Designations
 - A. A nearby structure, building lobby, etc.
 - B. Several floors below the fire floor, in a high rise building.
 - C. Fire apparatus, ambulance or other emergency vehicle on the scene.
 - D. An open area in which a Rehab area can be created by using tarps, fans, etc.

5. Resources
 - A. The Rehab Officer shall secure all the necessary resources required to adequately staff and supply the Rehab area. The supplies should include the items listed below:
 - i. Medical Supplies - B/P cuffs, EKG monitors, stethoscopes, O2, ALS medical bag with medications.
 - ii. Fluids - water, activity beverages, ice.
 - iii. On extended incidents - Food, soups, broth or stew, with cups.

IV. Protocols

1. Rehab Sector Establishment
 - A. Rehabilitation should be considered by the Incident Commander during the initial planning stages of an emergency response.

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IV. Protocols (continued)

2. Medical Evaluation

- A. The Rehab Officer shall ensure that sufficient personnel are available to provide medical monitoring (ALS personnel).
- B. They shall evaluate vital signs, examine members, and make proper disposition (return to duty, continued rehabilitation, or medical treatment and transport).
- C. Continued rehabilitation should consist of additional monitoring of vital signs, providing rest and fluids for rehydration.
- D. Medical treatment and transport shall be in accordance with the protocols below.
 - i. Appears to need assessment
 - a. Members who walk with an unsteady gait, or shows signs of exhaustion. These members will receive an assessment first.
 - ii. Critical Vital Signs
 - a. B/P > 150/100, P > 110, RR >20.
 - b. Members with vital signs equal to or greater than the above values shall be given up to two (2), twenty (20) minutes recovery period.
 - c. If at the end of this period critical vital signs persist, as set by the value above, the member shall be transported to an appropriate medical facility for a potential serious medical condition.
 - iii. Chief Complaint
 - a. If a member presents to a Rehab Officer with any complaints that would indicate emergent care, the personnel will follow establish protocols.

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IV. Protocols (continued)

3. Rest/Recovery
 - A. Members entering the Rehab area are generally given 20 minutes of rest (depending on the weather /activity it may be longer).
 - i. During this time the members vital signs are given a chance to recover to an acceptable level, see flow chart (if they are without complaint or they do not look exhausted or injured).
 - B. After a member has exhausted one (1) bottle of air or has actively worked continually worked for forty-five (45) minutes, they shall be rotated through rehab.
 - i. This practice will remove the member from the scene to ensure that no member will be pushed beyond his/her limit.
4. Hydration
 - A. A critical factor in the prevention of heat injury is the maintenance of water and electrolytes. Water must be replaced during exercise periods and at emergency incidents.
 - B. During high heat index days members should consume at least one quart of water per hour.
 - C. Hydration is important during cold weather operations. This is due to the heat stress produced by wearing protective equipment and gear (Carbonated beverages and beverages with caffeine should be avoided).
 - D. Recommended beverages are water, a 50/50 mixture of water and a commercially prepared activity beverage.

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IV. Protocols (continued)

5. Nourishment
 - A. When the Incident Commander establishes the need for Rehab, they will request the Canteen Unit.
 - B. The mission of the Canteen Unit is to report to an extended incident.
 - C. It is recommended by national standards that fast foods be avoided.
 - i. Recommended foods are soups, stews and fruit.
6. Accountability
 - A. Members directed to the Rehab Sector shall report as a company unless otherwise directed by the Incident Commander.
 - B. The company or unit designation number and times of the entry and exist shall be recorded on the company check in/out sheet.
 - C. The Emergency Incident Rehabilitation Report shall be completed by the Rehab Officer and at the termination of the incident, shall be forwarded to the EMS Control Officer.
 - D. These reports shall be maintained at the EMS Operations Office for future reference as needed.

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