EMS Standard Operating Procedures

Policy Title: Rehabilitation Operations
Section: Operations
Adoption Date: 10/2000
Date of Most Recent Update: October 2016
CAAS Criteria Reference:

Purpose:

To provide medical observation and rehabilitation to personnel on EMS scenes, fire ground and training operations. To ensure that the physical and mental condition of the members operating at the scene of the emergency or training exercise does not deteriorate to the point that affects the safety of each member of the operation.

Policy:

1. Responding EMS Unit

If the EMS crew is first to arrive on the scene, they should immediately give a "scene-size-up" (i.e.-Ambulance 213 has arrived, flames showing from a two story single family dwelling).

EMS may be responsible for spotting hydrants and is encouraged to relay relevant information to responding Fire Department units. Communication should be conducted on assigned channels. Crews should be alert for changes in assigned operations frequencies by WestCom.

After arriving, a personnel report should be given to the Incident Command or Accountability Officer as soon as possible.

If there are no injuries or tasks of a higher priority, the first arriving EMS unit should assist the Fire Department with any tasks that do not put them in harms way and are within the scope of their training. Such tasks would include attaching hoses to
hydrants, directing incoming units or assuming a role in the incident command structure.

2. Communications

All units responding to a fire scene will utilize the response frequency for communications with WestCom. Crews should also be monitoring operations channels while en route so as to remain aware of scene operations.

Upon arrival at the scene, EMS crews will transition to the appropriate fire operations or public safety channel assigned to the incident.

All staff should be familiar with the channel(s) being used during the incident and monitor on mobile and portable radios.

3. Initial Response

The first arriving EMS unit will report to the incident commander. The Incident Commander will assign a Rehab Supervisor who will determine which level (1, 2 or 3) of rehab commitment will be necessary and advise the EMS crew. Additional resources will be requested as necessary to staff the level of rehab commitment.

In the event that there are sick or injured persons present as a result of the fire, the first arriving EMS unit should provide medical care to those persons and immediately request another EMS unit respond to the scene to assume rehab operations. If the first arriving EMS unit is to transport a patient(s) from the scene, further EMS units may be needed to support the desired level of rehab commitment. Team 4 coverage should be requested as needed.

4. Duties of First arriving Units:

- Determine the immediate medical needs of potential victims.
- Report to incident commander, and determine if, rehab is necessary.
- Determine staging and unit placement from incident command.
- Determine the level of commitment (level 1, level 2, or level 3) and request additional resources as needed
- Determine the need for any additional resources in conjunction with IC (triage, treatment, transport, etc.)

If EMS crews are not the first to arrive on scene, they will respond to a specially designated Rehab Area established at the discretion of the incident commander in consult with the EMS command staff on scene.

5. Establishing Rehab
If the incident commander determines that rehab is necessary, a Lead or Acting Lead Paramedic from the first arriving EMS units will be assigned Rehab Supervisor to oversee rehab operations under the incident commander.

Staff working in the rehab group, shall wear appropriate vests identifying them according to their scene role.

The Rehab Group will:

- Be established away from any hazards such as, the fire, smoke, gases, or fumes.
- Be stationed away from the incident where crews can remove their turnout gear and SCBA.
- Provide adequate space to perform medical examinations to incoming public safety personnel.
- It should provide suitable protection from environmental conditions. During hot weather, it should be in a cool, shaded area. During cold weather, it should be in a warm, dry area.
- It should be large enough to accommodate multiple crews, based on the size of the incident.
- The area should be accessible to EMS-Rescue personnel and equipment, and have egress for the transporting unit.

6. Possible sites for Rehab

- A nearby garage, building lobby, or structure
- A school bus or municipal bus
- Fire apparatus, ambulance, or other emergency vehicles at the scene or called to the scene
- An open area in which a Rehab area can be created using tarps, fans etc.
- Portable rehab tent
- EMS events unit

7. Level 1 Commitment:

A level one Commitment would include any incident in which personnel may require minimal hydration. Examples include, but are not limited to, training exercises or extended or complicated extrications.

A level one commitment will be managed by one WDMEMS unit and its personnel. This unit will be committed to the scene and will conduct all rehab activities.

Rehab group operations should be established as needed in a functional and safe area that allows ingress and egress of apparatus. Medical personnel shall remain in contact with IC on the channel given by WestCom.
A treatment area should be determined and identified.

EMS should continually observe personnel for signs of fatigue. The IC should be notified if the need for rest and rehabilitation of fatigued fire fighters is identified.

8. Level 2 Commitment

Examples of when a level Two commitment would be used may include a house fire, hazardous materials incident, or any emergency scene where personnel are working in protective clothing or in hazardous atmospheres. The goal is to provide enough EMS personnel and resources to adequately support and operate the Rehab Group based on the number of emergency responders operating at the incident.

A level 2 commitment will be managed by two WDMEMS units and personnel. These units will be committed to the scene and will conduct all rehab activities. Command staff should be notified. A Team Four or five should be paged out by Westcom. The fourth crew may be assigned to relieve a crew at the incident and assist with Rehab, or they may be assigned to provide coverage to the city at the discretion of the shift supervisor, or EMS command. A formal Rehab Zone should be identified. Rehab should be located near the potential Treatment area. The Rehab and Treatment area should be located away from the scene.

The Rehab area may be identified with cones, or by barrier tape. This will help to identify the area the tape should be used to segregate the area and maintain a single entrance and exit. This is to establish accurate personnel tracking. A tarp can be used as flooring, or as a temporary shelter. An equipment drop (tarp) should also be set up for any tools or SCBAs while fire fighters are in rehab. Bottles should be changed out while Personnel are in rehab so it is advantageous to have the SCBA fill station near rehab.

All personnel assigned to the rehab group for rehabilitation should be assigned rehab cards upon entrance. All personnel entering Rehab will receive an initial assessment that will be documented on the Rehab Assessment Card and later transferred to Rehab Treatment Log. This card will track Name, Company, Entry and Exit time, a complete set of vitals, Fluid intake, and Pt. complaints. The assessment and documentation will be repeated every 15 minutes. All personnel should remain Rehab for at least 15 minutes. Cards will be assigned when personnel arrive in rehab and will be returned upon exiting.

EMS personnel will assist with “cool down” and rehabilitation. Fluid intake should be encouraged and monitored. Each ambulance carries a supply of bottled water for hydration.
Any personnel who enters the Rehab zone with vital signs or complaints which meet the criteria for diversion to the TREATMENT area should not be assessed or treated in Rehab. They should be taken immediately to the Treatment area for full assessment and treatment.

All personnel who meet the release criteria will be discharged after a minimal 15 minute rest period. Personnel who fail to meet the release criteria after 15 minutes will remain in rehab for additional 15 minute rest. If they fail to meet release criteria after this additional rest (i.e. a total rest of 30 minutes), they should be moved to the Treatment area and managed as a patient.

Medics should advise the IC of any personnel requiring medical treatment (beyond monitoring of vital signs) or transport to a hospital. When personnel are released from the Rehab group, they will be sent to the staging area or other zones designated by Incident Command. Medics should advise Incident Command of any personnel refusing rehab or medical treatment.

9. Level 3 Commitment

Examples of when a level Three commitment would be used may include a house fire, apartment building fire, or any large emergency scene that requires a high level of resources. The Level 3 Commitment could take up to three or more hours and it is important to provide enough EMS personnel and resources to adequately support and operate the Rehab Group based on the number of emergency responders operating at the incident.

A level 3 commitment should be instituted by the Rehab Supervisor when additional resources are needed to support 2 or more medical task groups (Rehab, Treatment, or Transport). Three WDMEMS ambulances should be deployed and Command Staff should be notified. Backup crews should be paged out by Westcom. One unit should be committed to the Rehab Group. A second unit should assist with rehab until a Treatment or Transport Group is necessary. The third unit should establish a treatment and transport area then assist with rehab, as necessary.

10. Medical Operations

All Fire Department staff involved in fire ground operations will be evaluated in the Rehab area during their tour of suppression activities.

All Firefighters Will:

- Proceed to rehab following the use of 1 air cylinder or at 45 minute intervals.
- Will utilize Rehab for a time of rest, re-hydration and a medical evaluation.
- Crews will remain in Rehab for 15-30 minutes or until released by EMS personnel.
For accountability reasons, all personnel entering and leaving rehab will do so as a team. In the situation that a team member is held in rehab for further evaluation, the remainder of the team will be released and the IC notified.

11. Medical Evaluation Guidelines

When fire crews arrive at the Rehab Group a medical examination by EMS personnel is to be performed. EMS personnel should be alert for any changes in the physical well-being of fire crews. These may include:

- Heat exhaustion
- Dehydration
- Headache
- Shortness of breath
- Chest pain
- Muscle cramps or spasms
- Nausea, and vomiting

The following medical guidelines should be used:

- If the diastolic blood pressure is >130, then rest will be required for 30 min. If after 30 min and diastolic has not dropped below 130 then transport to the hospital.
- If the diastolic blood pressure is >110 and the person is symptomatic, the person may be transported to the hospital for further evaluation.
- If the systolic blood pressure is >200 and after further evaluation and rest for at least 30 minutes the reading is still >200 the person will be transported to the hospital for further evaluation.
- If a pulse rate is 140 or greater is found, the person may be given oxygen, PO fluids, and rest for a minimum of 15 minutes. At this time they should be re-assessed. If after 15 minutes the heart rate drops below 140, the person may return to duty. If the heart rate remains above 140 the person must rest for 30 minutes and can be given IV fluids (up to 2 liters) and oxygen. If IV is initiated personnel will not return to duty. The person will be placed on a cardiac monitor. If after 30 minutes the rate remains above 140, the person will be transported to the hospital.
- If Carbon Monoxide (SpCO) readings are < 3% no further testing is required. If SpCO reading is > 12%, or the person displays symptoms of CO poisoning, transport the person to a hospital equipped with a hyperbaric chamber on high flow oxygen. If SpCO is >3% but < 12%, and no signs of exposure are present, no further evaluation is required. Determine source of CO if non-smoker.
- If the diastolic blood pressure is <110 and there are no symptoms, the person should rest and re-hydrate for a minimum of 15 minutes and then may return to service.
o If the personnel’s tympanic temperature exceeds 101°F they will not be permitted to wear protective equipment or re-enter the scene until the temperature has been reduced.

o Personnel with a tympanic temperature of 101°F or higher and are symptomatic may be transported to hospital for further evaluation.

12. Treatment During Rehab Operations:

  o Turnout coats, helmets, mask, and hoods should be removed immediately as permitted by atmospheric conditions.
  o The personnel should re-hydrate in the form of 1-2 quarts of fluid over the span of 15 min.
  o Body temperature should be reduced by cooling gradually via mist and fans.
  o Personnel should be offered cool wet towels.
  o Soup, broth, stew, apples oranges, bananas, or granola bars for scene times lasting 3 or more hours
  o IV fluids (up to 2 liters) Normal Saline per EMS discretions

13. Termination or Rehab Operations

Termination of rehab shall be determined by IC. The rehab group may be left in place through the duration of salvage and overhaul.

14. Documentation

Any personnel who remain in the Rehab area for further treatment or monitoring will require documentation on a supplemental rehab form. Additional assessments, treatments, and progress should be noted.

The rehab treatment log and any supplemental rehab forms should be turned in with a completed EMS PCR at the termination of all incidents. Report should give a brief summary of the operations performed by the Rehab Group.

In the event that multiple EMS units were requested to the scene, a run number should be assigned and a brief report should be completed by each unit.

In the event that any public safety personnel are transported from the scene, a complete PCR report should be filled out as would be done with any other patient.