

Scene Rehabilitation: General



Injury / Illness / Complaint should be treated using appropriate treatment protocol beyond need for oral or IV hydration.



Initial Process

1. Personnel logged into General Rehabilitation Section
2. VS Assessed / Recorded (If HR > 110 then obtain Temp)
Carbon Monoxide monitoring if indicated
3. Personnel assessed for signs / symptoms
4. Remove PPE, Body Armor, Haz-Mat Suits, Turnout Gear, Other equipment as indicated

Significant Injury
Cardiac Complaint: Signs / Symptoms
Respiratory Complaint: Serious Signs / Symptoms
Respiratory Rate < 8 or > 40
Systolic Blood Pressure ≤ 80

Exit to
Scene Rehabilitation
Responder
Protocol



NO

Heat
or
Cold stress

HEAT STRESS

Active Cooling Measures

Forearm immersion, cool shirts,
cool mist fans etc.
Rest 10 – 20 Minutes

Rehydration Techniques

12 – 32 oz Oral Fluid over 20 minutes
*Oral Rehydration may occur along with
Active Cooling Measures*
*Firefighters should consume 8 ounces
of fluid between SCBA change-out*

COLD STRESS

Active Warming Measures

Dry responder, place in warm area
Hot packs to axilla and / or groin
Rest 10 – 20 minutes

Rehydration Techniques

12 – 32 oz Oral Fluid over 20 minutes
*Oral Rehydration may occur along with
Active Warming Measures*
*Firefighters should consume 8 ounces
of fluid between SCBA change-out*

Reassess responder after 20 Minutes in
General Rehabilitation Section
Reassess VS

HR
≥ 110

NO

Temp
≥ 100.6

NO

Temp
≥ 100.6

NO

HR
≥ 110

NO

Responder
Cannot Wear
Protective Gear

Extend
Rehabilitation
Time Until VS
Improve

Extend
Rehabilitation
Time Until VS
Improve

Discharge Responder from
General Rehabilitation Section

Reports for Reassignment

VITAL SIGN CAVEATS

Blood Pressure:

Prone to inaccuracy on scenes. Must
be interpreted in context.

Firefighters have elevated blood
pressure due to physical exertion
and is not typically pathologic.

Firefighters with Systolic BP ≥ 160 or
Diastolic BP ≥ 100 may need
extended rehabilitation. However this
does not necessarily prevent them
from returning to duty.

Temperature:

Firefighters may have increased
temperature during rehabilitation.

Special Operations Section



Pearls

- * **Rehabilitation officer has full authority in deciding when responders may return to duty and may adjust rest / rehabilitation time frames depending on existing conditions.**
- * **Rehabilitation goals:**
 - Relief from climatic conditions.**
 - Rest, recovery, and hydration prior to incident, during, and following incident.**
 - Active and / or passive cooling or warming as needed for incident type and climate conditions.**
- * **May be utilized with adult responders on fire, law enforcement, rescue, EMS and training scenes.**
- * **Responders taking anti-histamines, blood pressure medication, diuretics or stimulants are at increased risk for cold and heat stress.**

General indications for rehabilitation:

20-minute rehabilitation following use of a second 30-minute SCBA, 45-minute SCBA or single 60-minute SCBA cylinder.

20-minute rehabilitation following 40 minutes of intense work without SCBA.

- * **General work-rest cycles:**
 - 10-minute self-rehabilitation following use of one 30-minute SCBA cylinder or performing 20 minutes of intense work without SCBA.
- * **Serious signs / symptoms:**
 - Chest pain, dizziness, dyspnea, weakness, nausea, or headache.
 - Symptoms of heat stress (cramps) or cold stress.
 - Changes in gait, speech, or behavior.
 - Altered Mental Status.
 - Abnormal Vital Signs per agency SOP or Policy / Procedure.
- * **Rehabilitation Section:**
 - Integral function within the Incident Management System.
 - Establish section such that it provides shelter / shade, privacy and freedom from smoke or other hazards
 - Large enough to accommodate expected number of personnel.
 - Separate area to remove PPE.
 - Accessible to EMS transport units and water supply.
 - Away from media agencies and spectators / bystanders.