

Union County Standard Operating Guidelines
Special Operations

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Special Operations, SOG 4.00

REHABILITATION

1. Intent and Purpose

- a. To address the minimum requirements and guidelines for the Rehabilitation (Rehab) Group. To establish guidelines for Fire Department, Red Cross and EMA personnel when functioning as a member of the Rehab Group.
- b. The Rehab Group is a vital part of any long-term fire ground operation or emergency incident. The Rehab Group is put in place to insure the safety and welfare of all emergency personnel performing normal duties at long term incidents or incidents occurring in extreme environmental conditions either man made or natural.

2. Definitions

- a. *Long Term Incident* – Any working fire expected to last one (1) or more hours. Any incident expected to last one (1) or more hours which due to extreme environmental factors leads the IC to believe his men will require the Rehab Group.
- b. *Working Fire* - A situation where (1) there is a fire, and (2) in the Company Commanders opinion the situation will require the use of more than his immediate company to extinguish the fire, or (3) there is an IDLH atmosphere present.
- c. *Rehab Group* - A ***specifically designated Group set up under the Incident Command System*** at the scene of emergency incidents (beyond the initial stage of the operation) designed to provide equipment and personnel to provide medical evaluation, food, liquids and a cool or warm environment for Fire and EMS personnel operating at a scene.
- d. *Extreme Environmental Factors* – Any time the outside temperature is above 90 degrees Fahrenheit or below 30 degrees Fahrenheit. Any time crews are working inside a structure where the temperature is above 90 or below 30 degrees Fahrenheit. Any time crews are working outside in a continuous rain.

Note: The remainder of this Guideline will use Rehab as the terminology for Rehabilitation Group

3. Scope

- a. The Incident Commander will establish Rehab at any working structure fire or any special operation incident where Firefighters are subject to the effects of extreme environmental conditions natural or man made expected to last more than two (2) hours.

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4. Guidelines

- a. During suppression operations, if not already specified in box assignments on “Working Fire”, it shall be the responsibility of the Incident Commander to establish a Rehab Group as soon as he determines the incident will last longer than two (2) hours. The Incident Commander will utilize the Red Cross and the EMA to establish this Group.
- b. The Rehab Officer (Medic if possible) will report to and be given their orders by the Incident Commander or his designee.
- c. The **Rehab Group** should initially be comprised of responding Red Cross and EMA personnel. The IC will identify one of these personnel as the Rehab Officer and that person will take command of the Rehab Group. As soon as feasible the IC should assign a Fire Officer to the position of Rehab Group Officer. The IC should make every attempt to assign a Paramedic to the Rehab Group to accomplish medical evaluations and provide ALS level EMS.
- d. The Incident Commander will assign the Rehab officer an area in which to set up the Rehab Group. This area should be well away from the emergency scene while still within walking distance. It should be uphill and upwind of the incident. The IC should consider setting up air wagons in conjunction with the rehab Group so air bottles can be refilled while crews are in Rehab. The Rehab officer will muster his personnel and equipment to the area designated by the IC and set up operations. As soon as feasible, the IC should assign a Fire Officer to the position of Rehab Group Officer.
- e. The Accountability Officer will insure that no crew enters the hot zone more than twice without a rotation through the Rehab Group. All Group Officers will maintain a constant vigil on the physical state of the men under their command and order any crew to Rehab that in his opinion is in need of rest, refreshment or medical evaluation.
- f. The Rehab Officer will remain in the rehab area and control the operations of that Group. All personnel entering the rehab area will immediately have a medical evaluation done including LOC, B/P, pulse, respirations and body temperature. EMS personnel should note any signs of environmental stress, either hyper or hypothermia. Each team entering the rehab area will be clocked in and out and will spend no less than 15 minutes in the area. Teams will leave the area through the EMS station and have another set of vitals including body temperature taken. If after 15 minutes in rehab a member has a pulse greater than 100, or a temperature greater than 101 F, or a blood pressure of less than 100 systolic that team will stay in the rehab area another 15 minutes and then be reevaluated.
- g. After setting up Rehab, Red Cross personnel will insure the safety and comfort of families and persons displaced by the incident. EMA and EMS personnel will insure the safety and comfort of Fire and EMS personnel on the scene as needed. Should the incident progress to the point that the IC feels he needs more resources (food, water, drinks, coffee) than are carried

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on the initial response vehicle, he will make a request through the Rehab Officer to the Red Cross representative for more substantial relief.

5. Tools and Equipment for Rehab

- a. The tools and equipment for the Rehab Group are to be stored and carried in an appropriate vehicle by the EMA and will consist of the following:
 - i. One (1) portable radio. Assigned to the Rehab Officer.
 - ii. Water Coolers
 - iii. Chairs
 - iv. Tables
 - v. Blankets
 - vi. Refrigerator
 - vii. 4000 watt power Generator
 - viii. Lights, Flashlights, Power Cords
- b. Other recommended tools and equipment:
 - ix. Portable Awning
 - x. Towels
 - xi. Large Ice Cooler
 - xii. Large Coffee Percolators
 - xiii. Assorted Soft drinks, bottled water, Power bars and coffee.
 - xiv. Styrofoam cups and assorted paper products (napkins, paper towels, etc.).
- c. The tools and equipment for the EMS personnel assigned to the Rehab Group will be provided by the on scene Medic and consist of a minimum of the following:
 - xv. Blood Pressure Cuff
 - xvi. Stethoscope
 - xvii. Thermo-scan Thermometer

6. Rehab Assignment

- a. Once the Rehab area has been set up, the Rehab Officer should assign each member a specific task. Example:
 - i. Rehab Officer - In charge. His task is to ensure that operations are being conducted safely and with as much coordination as possible. He/she insures all members of his/her team are performing the tasks required of them in an efficient manner. He/she backs up the team members in possible disputes with tactical teams entering the rehab area, to insure medical evaluations are performed, time in rehab is adhered to and post-rehab medical evaluations are performed. He/she maintains communications with the IC to evaluate future needs.
 - ii. Rehab Member 1(Firefighter/Paramedic, Firefighter/EMT-B) – Performs pre- and post-Rehab medical evaluations. Maintains documentation of same on the Medical Evaluation Sheet. Determines fitness of tactical crews to return to work.
 - iii. All other Rehab Members - Maintain the Rehab area and equipment. Insure all comfort and care is afforded the displaced

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families and tactical teams as they enter and remain in the rehab area. Notify Rehab Officer of resource needs as required by the length of the incident.

7. Reporting

a. In the event that the Rehab Group is deployed for any incident, the Rehab Officer will complete a written report. This report will be forwarded to the Incident Commander, Red Cross Supervisor and EMA director within forty-eight (48) hours of the completion of the Incident. This information will be used to effect re-supply of the rehab vehicle and to project future needs of the Rehab Group. All medical evaluation documentation will be forwarded to the Fire Chief of the department to which the individual belongs. These reports will also be attached to a copy of the report covering the incident from start to finish. Each Rehab Officer will be responsible for this written incident report. The report should include, but not be limited to, the following:

- i. Date, Time, Address, and Incident Number of the Incident.
Narrative describing the entire Rehab operation. List of personnel working in the Rehab Group and the organization they are affiliated with.
- ii. Medical evaluation sheets on all firefighters rotating through Rehab.
- iii. Inventory of all resources used during deployment.
- iv. Recommendations for additional resources needed by the Rehab Group.

8. Training

a. All departments should be trained on the Rehab Groups' role at an emergency incident. All members should know what to expect when they go to the Rehab area, how long they will be required to stay and that the Rehab EMS personnel and Rehab Officer will have the final say as to whether they are ready to leave rehab. A Rehab capability that is ready to respond with us to major incidents is an invaluable resource to each firefighter on the scene. It is the responsibility of the Chief of each county department to insure his members are familiar with and respect the Rehab guidelines.

9. Rehabilitation Group Reports

- a. Rehab Group Deployment Report
- b. Resource Inventory Sheet
- c. Medical Evaluation Sheet
- d. Resource Recommendation Report

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REHAB DEPLOYMENT REPORT

Incident Number: _____

Date: _____

Time on Scene: _____

Time In Service: _____

Address of Incident: _____

Name of Rehab Officer: _____

Red Cross Personnel on Scene: Name(s)

EMA personnel on Scene: Name(s)

EMS personnel assigned to Rehab Group: Name and Department

Attach a written narrative of all aspects of the Rehab Group Deployment on this incident starting from the time arrived on scene and continuing to the time placed in service. This account should cover all areas of concern.

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MEDICAL EVALUATION SHEET

Name: _____ Unit #: _____

Department: _____

Time In: _____

Time Out: _____

Blood Pressure: _____

Blood Pressure: _____

Pulse: _____

Pulse: _____

Respirations: _____

Respirations: _____

Temperature: _____

Temperature: _____

Name: _____ Unit #: _____

Department: _____

Time In: _____

Time Out: _____

Blood Pressure: _____

Blood Pressure: _____

Pulse: _____

Pulse: _____

Respirations: _____

Respirations: _____

Temperature: _____

Temperature: _____

Name: _____ Unit #: _____

Department: _____

Time In: _____

Time Out: _____

Blood Pressure: _____

Blood Pressure: _____

Pulse: _____

Pulse: _____

Respirations: _____

Respirations: _____

Temperature: _____

Temperature: _____

