

	Fire District #1	GOG #:	10
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Incident Rehabilitation

1. ***Purpose:***

The purpose of this GOG is to set standard incident rehabilitation procedures/practices for district firefighters operating at all district fire/emergency incidents.

2. ***Scope:***

All firefighters operating on an emergency scenes.

3. ***Prerequisites:***

Identified in each section.

4. ***Responsibilities:***

Incident commander, other assigned officers and individual firefighters will ensure compliance with this GOG.

5. ***Procedure:***

A. **Outline:**

1. This GOG will outline specific rehabilitation requirements to be instituted at all incidents where Hillsborough Township fire department personnel respond and command deems as necessary. These guidelines are to be strictly enforced for the safety and well being of all district firefighters operating on the scene of incidents in Hillsborough Township.

B. Introduction:

1. The physical and mental demands associated with firefighting and other emergency operations, coupled with the environmental dangers of extreme heat and humidity or extreme cold, create conditions that can have an adverse impact upon the safety and health of the individual firefighter. Firefighters who are not provided adequate rest and rehydration during emergency incidents or training exercises are at increased risk for illness and injury, and may jeopardize the safety of others on the incident scene. When firefighters 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 exhaustion or heat stroke from occurring. Cardiac disease and Heart Attacks are the leading cause of death in the fire service. Incident rehabilitation will be established and enforced to assess for any warning signs of cardiac events.

C. Guidelines:

1. ***Establishment of a Rehabilitation Group/Officer***
 - a. The Incident Commander must consider rehabilitation during the initial planning stages of an incident. However, the climatic or environmental conditions of the emergency scene should not be the only reason for the establishment of a Rehabilitation Unit/Group. Any incident that is large in size, long in duration, and / or labor intensive will rapidly deplete the available manpower operating at the scene.
 - b. **Rehab officer-**
 - 1) A Rehab officer shall be assigned from the Command Staff and will oversee operations in the Rehabilitation Area. This representative shall be district line officer at the rank of Captain or higher.
 - 2) The Rehab officer will be responsible to ensure that all personnel are properly going through the rehabilitation process.
 - 3) The Rehab officer will have the responsibility for establishing the rehabilitation area, as well as coordinating the personnel and

supplies. A Signal 100 (GOG 14) may also be utilized based of the needs of the incident.

- 4) Assign a certified EMT or Paramedic that will be designated as the Rehabilitation Medical Supervisor.

C. Rehab Location:

The Rehabilitation area will be established as follows:

1. The location should be far enough away from the incident scene so the responders might safely remove their SCBA and PPE. All equipment and PPE must be dropped at the “equipment drop zone” prior to entering the Rehabilitation Unit.
2. The location should provide suitable protection from the prevailing environmental conditions and be located for easy access to firefighters coming into Rehab.
3. The location must have easy ingress/egress points for the ambulance(s) assigned to the Rehab area.
4. The location must be free from exhaust fumes from apparatus and equipment being utilized in the Rehab area.
5. The location must be large enough to accommodate multiple responders, crews and companies based on the size of the incident.
6. The location should allow prompt re-entry to the emergency operations scene upon release from the Rehabilitation Unit.

D. Hydration:

1. A critical factor in the prevention of heat injury is the maintenance of water and electrolytes. Water must be replaced during periods of physical exertion at emergency incidents. During heat stress, firefighters should consume at least one quart of water per hour. The rehydration solution should be a 50 / 50 mixture of water and a commercially available sports drink (Gatorade, Power-Aid, etc.) and should be administered at about 40° F. Rehydration is also important even during cold weather operations where, despite the outside temperature, heat stress may occur during firefighting operations or other strenuous activities when PPE is worn. Alcohol or caffeinated beverages should be avoided before and during heat stress because both interfere with the body’s water conservation mechanisms. Carbonated beverages should also be avoided.

E. Nourishment:

1. The District shall provide food at the scene of an extended incident when firefighters are engaged for two hours or more.

F. Rest:

1. The “two-air-bottle-rule” or 45 minutes of work time shall be the maximum period of time permitted prior to mandatory rehabilitation. Firefighters shall rehydrate (at least 8 ounces) while SCBA bottles are changed. Firefighters having worked for two full 30-minute bottles, or 45 minutes, shall immediately report to the rehabilitation area for rest and medical evaluation. Rest shall not be less than 10 minutes and may exceed an hour as determined by the EMS staff. Firefighters released from the Rehabilitation Area shall be available in the Manpower or Staging Area to ensure that fatigued firefighters are not required to return to duty before they are rested, evaluated, and released by the EMS Staff.

G. Recovery:

1. Firefighters in the Rehabilitation Area should maintain a high level of hydration. Firefighters should not be moved from a hot environment directly into an air conditioned area because the body’s cooling system can shut down in response to the external cooling. An air-conditioned environment is acceptable after a cool-down period at ambient temperature with sufficient air movement.

H. Medical Evaluation:

1. Emergency Medical Services (EMS):
 - a. EMS should have sufficient staffing based on the size of the incident. They shall evaluate vital signs, examine firefighters, and make proper disposition (return to duty, continued rehabilitation, or medical treatment and transport to a medical facility). Continued rehabilitation should consist of additional monitoring of vital signs, providing rest, and providing fluids for rehydration. Medical treatment for firefighters, whose vital signs and / or symptoms indicate potential problems, should be provided as quickly as possible.
2. Heart Rate and Temperature:
 - a. The heart rate should be measured for 30 seconds as early as possible in the rest period.

3. Documentation:
 - a. All medical evaluations shall be recorded on Rehabilitation Tags along with the Firefighters name and any complaints.
 - b. If the firefighter offers any complaints and/or their vital signs do not return to a normal range within 30 minutes, the firefighter will then require further evaluation and possible transportation to a hospital.

I. Accountability:

1. Firefighters assigned to the Rehabilitation Area shall enter and exit the area as a crew with the exception of a firefighter diagnosed with a medical condition requiring an extended stay in rehab. Firefighters shall not leave the Rehabilitation Area unless authorized to do so by the Rehab Officer in consultation with the EMS in Rehab.