

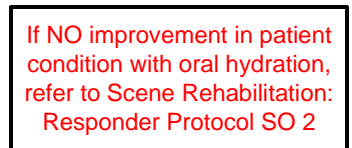
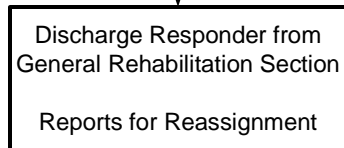
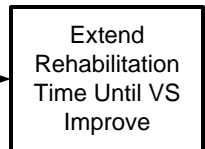
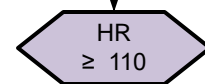
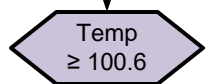
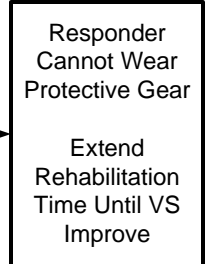
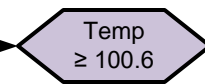
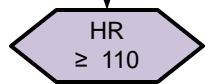
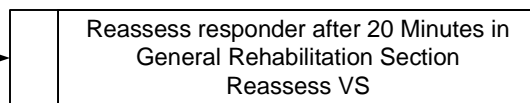
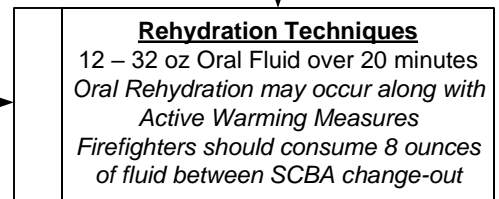
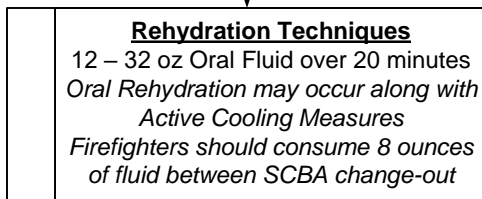
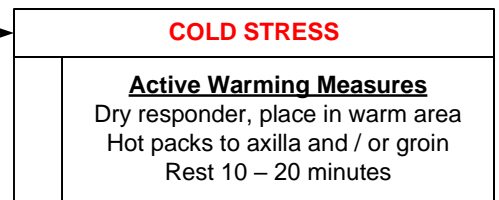
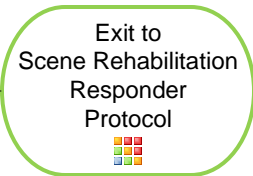
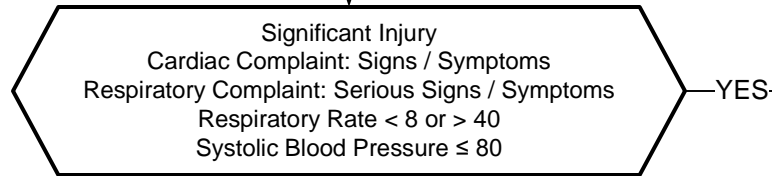


SCENE REHABILITATION: GENERAL

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



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



SCENE REHABILITATION: GENERAL

This protocol also applies for athletes involved in sporting events or practice sessions. These individuals do not return to play unless a certified athletic trainer or BLS responder remains on scene.

Upon arrival at the scene, make contact with incident command or the athletic training staff.

Pearls

- **This protocol is optional and given only as an example. Agencies may and are encouraged to develop their own.**
- **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.