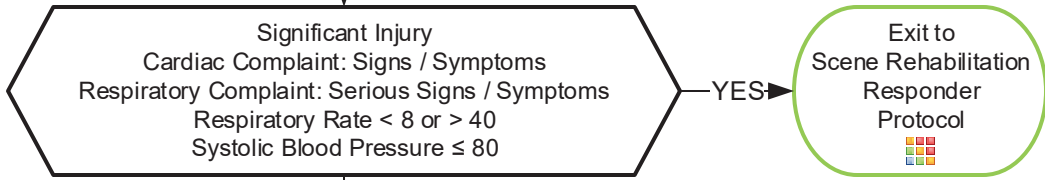


# Scene Rehabilitation: General



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



**HEAT STRESS**

**Active Cooling Measures**  
Forearm immersion, cool shirts, cool mist fans etc.  
Rest 10 – 20 Minutes

**COLD STRESS**

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

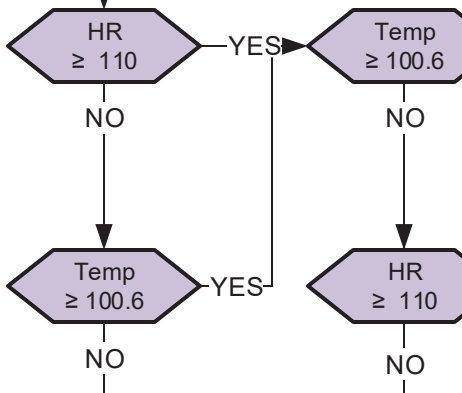
**Rehydration Techniques**  
12 – 32 oz Oral Fluid over 20 minutes  
*Oral Rehydration may occur along with Active Cooling Measures*  
*Firefighters should consume 8 ounces of fluid between SCBA change-out*

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Reassess responder after 20 Minutes in General Rehabilitation Section  
Reassess VS

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

If NO improvement in patient condition with oral hydration, refer to Scene Rehabilitation: Responder

**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 is also applicable 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 athletic training staff .

## 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.